



2015 COMMUNITY HEALTH NEEDS ASSESSMENT

University Hospitals' (UH) long-standing commitment to the community spans more than 145 years. This commitment has grown and evolved through significant thought and care in considering our community's most pressing health needs. One way we do this is by conducting a periodic, comprehensive Community Health Needs Assessment (CHNA) for each UH hospital facility.

Through our CHNA, UH has identified the greatest health needs among each of our hospital's communities, enabling UH to ensure our resources are appropriately directed toward outreach, prevention, education and wellness opportunities where the greatest impact can be realized.

The following document is a detailed CHNA for University Hospitals Parma Medical Center (UH Parma Medical Center). UH Parma Medical Center was founded as Parma Community General Hospital in 1961 by the cities of Parma, Parma Heights, Brooklyn, Brooklyn Heights, Seven Hills and North Royalton. The hospital became part of the University Hospitals Health System in January 2014.

Accredited by The Joint Commission, UH Parma Medical Center offers acute and subacute inpatient care including specialty centers for heart, cancer, neurology, surgical services, wound care, pain management, acute rehabilitation and women's health.

A wide range of outpatient and outreach programs serve the community and support our community hospital model. Radiology, physical therapy and laboratory services are readily available as are home health care, hospice, adult day care, screenings and educational programs. A technologically advanced health care facility, UH Parma Medical Center has had computerized patient records since 1996 and electronic medication verification since 2006.

UH Parma Medical Center continually strives to meet the health needs of its community. Please read the document's introduction below to better understand the health needs that have been identified.

Adopted by the UH Board of Directors
September 24, 2015.

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INTRODUCTION TO REPORT

This report identifies and assesses community health needs in the areas served by University Hospitals Parma Medical Center in accordance with regulations promulgated by the Internal Revenue Service. This CHNA was adopted by the UH Board of Directors on September 24, 2015.

This is the second UH Parma Medical Center CHNA in response to the federal government regulation.¹ The 2015 UH Parma Medical Center CHNA will serve as a foundation for developing an implementation strategy to address those needs that (a) the hospital determines it is able to meet in whole or in part; (b) are otherwise part of its mission; and (c) are not met (or are not adequately met) by other programs and services in the hospital's service area.

Objectives: CHNAs seek to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The question of how the hospital can best use its limited charitable resources to assist communities in need will be the subject of the hospital's implementation strategy.

To answer these questions, this assessment considered multiple data sources, some primary (survey of market area residents, hospital discharge data) and some secondary (regarding demographics, health status indicators and measures of health care access).

This UH Parma Medical Center CHNA took into account input from persons representing the broad interests of the community through both a randomized mail survey of households in Cuyahoga County, and a series of mail surveys and in-person interviews with community leaders. Community leaders from the Cuyahoga County Board of Health offered their analysis based on their work as local government public health agencies.

Participating community leaders provided input into the prioritization of significant health needs.

This report addresses the following broad topics:

- Demographics of UH Parma Medical Center's primary and secondary market areas;
- Economic issues facing the hospital's primary and second market areas (e.g., poverty, unemployment);
- Community issues (e.g., environmental concerns and crime);
- Health status indicators (e.g., morbidity rates for various diseases and conditions, and mortality rates for leading causes of death);
- Health access indicators (e.g., uninsured rates, ambulatory care sensitive (ACS) discharges, and use of emergency departments);
- Health disparities indicators; and
- Availability of health care facilities and resources.

¹UH Parma Medical Center followed the 2013 Proposed Regulations, published by the Treasury Department and IRS on April 5, 2013, in the Federal Register (REG-106499-12, 2013-21 I.R.B. 1111, [78 FR 20523]), in accordance with Notice 2014-2 that confirms that hospital organizations can rely on proposed regulations under section 501(r) of the Internal Revenue Code issued on June 26, 2012, and April 5, 2013, pending the publication of final regulations or other applicable guidance. The final rule entitled "Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals"; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return, was published by the IRS on December 31, 2014, and requires compliance after December 29, 2015.

EXECUTIVE SUMMARY

UH Parma Medical Center by the Numbers

- Seven primary service area municipalities (in Cuyahoga County): Cleveland, Parma, Parma Heights, Middleburg Heights, North Royalton, Brooklyn, Broadview Heights
- Eight secondary service area municipalities: Cleveland, Garfield Heights, Independence, Strongsville, Brecksville, Brook Park, Hinckley (Medina County), Richfield (Summit County)
- Service Area Population, 2013: 464,217
- 75.4% of inpatient discharges originate from the Primary Service Area
- 6.4% of community discharges were for patients with Medicaid, 3.7% were uninsured
- 30.7% of households in Cuyahoga County with incomes <\$25,000
- 29.7% of population in Cuyahoga County is Black
- There exists a wide range of health status and access challenges across the community

This assessment focuses on the priority problems that impact the overall health of the UH Parma Medical Center community.

UH Parma Medical Center's service area extends into 12 municipalities within Cuyahoga County and two municipalities outside of the county (Medina and Summit counties). Key findings from analyses of that population are as follows.

Poverty and unemployment in the area create barriers to access (to health services, healthy food and other necessities) and thus contribute to poor health. The population of the UH Parma Medical Center service area is also an aging population.

The number of households in Cuyahoga County decreased by 0.4% from 2010 to 2013. The average household income decreased at a much greater rate, by 4.6% in the same time period. As the Cuyahoga County population ages, its proportion of households with Social Security income increased from 2010 to 2013 (1.4%). However, the average (mean) income from Social Security decreased by 1.3% in Cuyahoga County to \$15,921 in 2013.

The proportion of Cuyahoga County households living below the poverty line increased by 1.3% (from 13.1% to 14.4%) from 2010 to 2013. Almost one in four Cuyahoga

County households with children under age 18 lived below the poverty line in 2013 (23.9%), an increase of 2.7%.

For UH Parma Medical Center, 25.8% of discharges were ACS discharges of residents within the primary and secondary market areas combined. This may signal lower availability or access to primary care within the total market area. The most common primary ACS diagnoses for UH Parma Medical Center's discharged patients were chronic obstructive pulmonary disease (COPD) (4.8%) and congestive heart failure (4.5%). Bacterial pneumonia (4.3%) was almost as common of a primary diagnosis.

Priority Health Needs

Poor health status results if a complex interaction of challenging social, economic, environmental and behavioral factors combined with a lack of access to care is present. Addressing these "root" causes is an important way to improve a community's quality of life and to reduce mortality and morbidity.

After careful analysis of both qualitative and quantitative data, UH Parma Medical Center identified four categories of health needs that impact the community served by the hospital. These include (not listed in a specific order):

Health Disparities

- Aging Population
- High Poverty Rates
- High Rates of Unemployment
- Infant Mortality

Chronic Disease Conditions

- Heart Disease
- Cancer
- Alzheimer's (cognitive impairment)
- Diabetes
- Respiratory Diseases
- Mental Illness

Lifestyle Barriers

- Obesity
- Tobacco/Drug/Alcohol Abuse
- Chronic Stress

Access Barriers

- Lack of Insurance
- Cost of Care
- Transportation Barriers
- Food Deserts
- Access to Primary Care
- Access to Bilingual Providers
- Access to Mental Health Care

UH Parma Medical Center is establishing a new Primary Care Institute and as such has framed CHNA priorities around issues related to health care access. Captured within that framework are the health needs listed under:

1. Chronic Disease Conditions
2. Lifestyle Barriers
3. Access Barriers

Additionally, significant portions of the community served by UH Parma Medical Center are seniors. The health needs associated with an aging population have become increasingly important considerations.

CHNA Collaboration

UH Parma Medical Center worked closely with The Center for Health Affairs and Cypress Research Group to complete the data assessment and summary portions of the 2015 CHNA. University Hospitals Health System, Inc. retained The Center for Health Affairs to assist in data collection and analysis to ensure the entire community served by the hospital was captured. The Center for Health Affairs is the leading advocate for Northeast Ohio hospitals. The Center advocates on behalf of 34 hospitals in six counties. Cypress Research Group provides custom research services to meet various market and business research needs. More information about The Center for Health Affairs and Cypress Research Group is provided in the Appendix.

DESCRIPTION OF PROCESS AND METHODS

A. Definition of Market Area (Community Served by the Hospital)

UH Parma Medical Center is located in Parma, Ohio, Cleveland's most populous suburb. It was founded as Parma Community General Hospital in 1961 by the cities of Parma, Parma Heights, Brooklyn, Brooklyn Heights, Seven Hills and North Royalton. The hospital became part of the University Hospitals Health System in January 2014.

UH Parma Medical Center's market area includes 17 municipalities (seven in its primary market area and 10 in its secondary market area), shown in [Figure 1: UH Parma Medical Center Market Areas](#). All of UH Parma Medical Center's primary market area is contained within Cuyahoga County. A small portion of its secondary market is in Summit and Medina counties.

Shown in [Table 1: UH Parma Medical Center: Hospital Discharges – Primary and Secondary Market Areas](#), in 2013, UH Parma Medical Center had 12,189 discharged patients. Of those, 10,993 were in the hospital's primary or secondary market (90.2%). Most (89.2%) of UH Parma Medical Center's discharges in 2013 were residents of Cuyahoga County.

In 2013, 75.4% of UH Parma Medical Center's discharges were residents of its primary market area; 14.8% were residents of its secondary market area. Of the seven ZIP code areas which comprise UH Parma Medical Center's primary market area, Parma Heights/Middleburg Heights has the largest population (10.9% of the hospital's total market area). However, the ZIP code with the largest number of discharges from UH Parma Medical Center was Parma (2,377 discharges, or 19.5%), which comprises 8.2% of UH Parma Medical Center's market area population.

In 2014, UH Parma Medical Center had 40,864 visits to the emergency room; 81.0% were residents of the hospital's primary market area, and 11.7% were residents of its secondary market area, shown in [Table 2: UH Parma Medical Center: Emergency Room Visits – Primary and Secondary Market Areas](#).

The largest number of emergency room visits from a single ZIP code were for residents of Parma (44129) (8,216) and Parma (44134) (8,778); 41.6% of UH Parma Medical Center's emergency room visits in 2013 were for patients who live in those two ZIP codes.

Cuyahoga County, Health Rankings

The Robert Wood Johnson Foundation produces an annual report that ranks counties in Ohio based on two major indices of population health: health outcomes (length and quality of life) and health factors (clinical care, health behaviors/alcohol and drug use, social/environmental factors and physical environment). A rank of "1" is the best, "88" is the worst in the state of Ohio. [Table 3: Cuyahoga County, Health Rankings](#), identifies Cuyahoga County's rank. While UH Parma Medical Center does not include all of Cuyahoga County, it does include a substantial portion of it. Therefore, understanding where this county as a whole ranks in Ohio, in terms of health, is useful. It is important to note that in many of Ohio's counties, the differential between health outcomes and health factors is relatively small.

On the whole, Cuyahoga County achieves moderately low ranks, compared to other Ohio counties, in terms of health outcomes (65 of 88 counties) or health factors (50 of 88 counties). In terms of health outcomes, Cuyahoga ranks more positively for length of life (rank of 51) than quality of life (rank of 72). In terms of health factors, Cuyahoga County ranks the highest in clinical care (rank of 6) and to a lesser degree health behaviors (rank of 36). Cuyahoga County is among the lowest ranking counties in Ohio in terms of social and economic factors (rank of 78) and physical environment (rank of 68).

To better identify areas of great need within Cuyahoga County, health rankings were further explored through data available at the Centers for Disease Control and Prevention (U.S. Department of Health and Human Services), which identified several areas in which Cuyahoga County compares unfavorably to its peer counties (which closely match Cuyahoga County in terms of demographic and physical factors), shown in [Table 4: Cuyahoga County: Higher Compared to Peer Counties Mortality and Morbidity](#). Cuyahoga County compares unfavorably to its peer counties in terms of coronary heart disease deaths and cancer deaths. Cuyahoga County also has higher-than-expected incidences of Alzheimer's disease, gonorrhea, older adult asthma and preterm births.

The Centers for Disease Control and Prevention also found that Cuyahoga County compared unfavorably to its peer counties in the U.S. in terms of the incidence of preventable hospitalizations for older adults.

FIGURE 1: UH PARMA MEDICAL CENTER MARKET AREAS

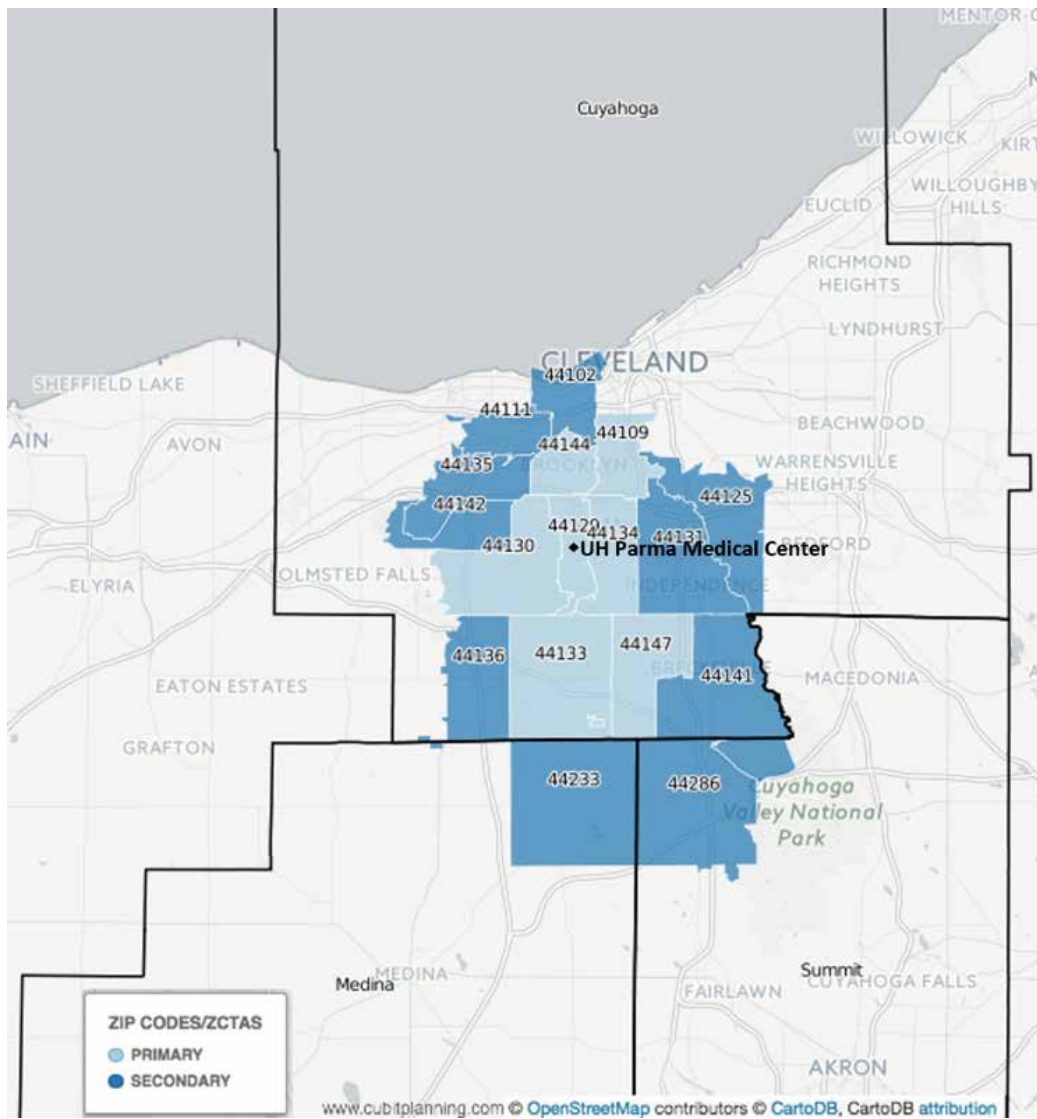


TABLE 1: UH PARMA MEDICAL CENTER: HOSPITAL DISCHARGES – PRIMARY AND SECONDARY MARKET AREAS

	Municipalities & ZIP Codes	Number/percent of UH Parma Medical Center Discharges (2013)*		2013 Population (American Community Survey, U.S. Census Projection)**	
		Number	Percent	Number	Percent
Primary Market Area					
Cuyahoga County	Cleveland (44109)	447	3.7%	41,372	8.9%
	Parma (44129)	2,033	16.7%	29,260	6.3%
	Parma Hts./Middleburg Hts. (44130)	2,123	17.4%	50,416	10.9%
	North Royalton (44133)	1,155	9.5%	30,335	6.5%
	Parma (44134)	2,377	19.5%	37,945	8.2%
	Brooklyn (44144)	556	4.6%	21,654	4.7%
	Broadview Heights (44147)	503	4.1%	19,331	4.2%
Subtotal Primary Market:		9,194	75.4%	230,313	49.6%
Secondary Market Area					
Cuyahoga County	Cleveland (44102)	84	0.7%	44,026	9.5%
	Cleveland (44111)	59	0.5%	40,321	8.7%
	Garfield Heights (44125)	104	0.9%	28,633	6.2%
	Independence (44131)	769	6.3%	20,361	4.4%
	Cleveland (44135)	71	0.6%	28,131	6.1%
	Strongsville (44136)	182	1.5%	25,775	5.6%
	Brecksville (44141)	216	1.8%	13,875	3.0%
	Brook Park (44142)	186	1.5%	19,126	4.1%
Medina County	Hinckley (44233)	62	0.5%	7,714	1.7%
Summit County	Richfield (44286)	66	0.5%	5,942	1.3%
Subtotal Secondary Market:		1,799	14.8%	233,904	50.4%
Total Market:		10,993	90.2%	464,217	100%
Other Market		1,196	9.8%		
Total:		12,189	100.0%		

*Ohio Hospital Association hospital discharge data, 2013

**Source: U.S. Census, American Community Survey, 2010 Decennial projection to 2013

TABLE 2: UH PARMA MEDICAL CENTER: EMERGENCY ROOM VISITS – PRIMARY AND SECONDARY MARKET AREAS

	Municipalities & ZIP Codes	Percent of UH Parma Medical Center Emergency Room Visits (2014)*		2013 Population**	
		Number	Percent	Number	Percent
Primary Market Area					
Cuyahoga County	Cleveland (44109)	2,233	5.5%	41,372	8.9%
	Parma (44129)	8,216	20.1%	29,260	6.3%
	Parma Hts./Middleburg Hts. (44130)	7,358	18.0%	50,416	10.9%
	North Royalton (44133)	3,104	7.6%	30,335	6.5%
	Parma (44134)	8,778	21.5%	37,945	8.2%
	Brooklyn (44144)	2,267	5.5%	21,654	4.7%
	Broadview Heights (44147)	1,132	2.8%	19,331	4.2%
Subtotal Primary Market:		33,088	81.0%	230,313	49.6%
Secondary Market Area					
Cuyahoga County	Cleveland (44102)	457	1.1%	44,026	9.5%
	Cleveland (44111)	382	0.9%	40,321	8.7%
	Garfield Heights (44125)	236	0.6%	28,633	6.2%
	Independence (44131)	2,109	5.2%	20,361	4.4%
	Cleveland (44135)	294	0.7%	28,131	6.1%
	Strongsville (44136)	247	0.6%	25,775	5.6%
	Brecksville (44141)	364	0.9%	13,875	3.0%
	Brook Park (44142)	497	1.2%	19,126	4.1%
Medina County	Hinckley (44233)	93	0.2%	7,714	1.7%
Summit County	Richfield (44286)	90	0.2%	5,942	1.3%
Subtotal Secondary Market:		4,769	11.7%	233,904	50.4%
Other Market		3,007	7.3%		
Total		40,864	100%	464,217	

*UH Parma Medical Center

**Source: U.S. Census, American Community Survey, 2010 Decennial projection to 2013

TABLE 3: CUYAHOGA COUNTY, HEALTH RANKINGS

	Cuyahoga County, 2015	
Health Outcomes	65 out of 88 counties	Length of Life: 51 out of 88 counties Quality of Life: 72 out of 88 counties
Health Factors	50 out of 88 counties	Clinical Care: 6 out of 88 counties Health Behaviors: 36 out of 88 counties Social & Economic Factors: 78 out of 88 counties Physical Environment: 68 out of 88 counties

Source: County Health Rankings & Roadmaps; Robert Wood Johnson Foundation program, 2015

TABLE 4: CUYAHOGA COUNTY: HIGHER COMPARED TO PEER COUNTIES MORTALITY AND MORBIDITY

CUYAHOGA COUNTY
Mortality
<ul style="list-style-type: none"> • Coronary heart disease deaths • Cancer deaths
Morbidity
<ul style="list-style-type: none"> • Alzheimer's disease/dementia • Gonorrhea • Older adult asthma • Preterm births
Health Care access
<ul style="list-style-type: none"> • Older adult preventable hospitalizations

B. Introduction to Data Analysis

This report analyzed both primary and secondary data to draw conclusions regarding the priority health needs of the population within the UH Parma Medical Center community.

Primary Data

There were three main sources of primary data:

A. Survey Data

- UH Parma Medical Center's market area is contained mostly within Cuyahoga County, with a small portion of its secondary market area in Medina and Summit counties. A random mail survey of households in Cuyahoga County was conducted in 2012. A total of 602 surveys were completed of which 147 (24.3%) were in UH Parma Medical Center's primary or secondary market areas. Surveys were commissioned by Cuyahoga County Health Partners and conducted by the Hospital Council for Northwest Ohio to capture a comprehensive picture of Cuyahoga County residents' health status.

B. Hospital Discharge Data

- Discharge data from the Ohio Hospital Association was used to describe hospital admission patterns for UH Parma Medical Center from 2011 to 2013.

C. Qualitative Data

- A survey was sent to 17 community leaders from organizations that serve the populations in the hospital's service area. Nine responses to the survey were received.
- UH Parma Medical Center conducted interviews with 11 community leaders from public health, local government and social service agencies.

Qualitative Data Analysis

From January 2015 – July 2015, UH Parma Medical Center solicited the input of individuals who represent the broad interests of the community and individuals in leadership roles in public health, in the form of both mail surveys and in-person interviews.

Surveys

UH Parma Medical Center sent surveys to 17 community leaders from organizations that serve the populations in the hospital's service area. Nine responses to the survey were received. A copy of the survey can be found in the Appendix.

The organizations solicited are listed below, those in bold responded.

Brecksville/Broadview Heights School District

Brooklyn City School District

Cuyahoga County Department of Health

Independence School District

City of Brecksville

City of Broadview Heights

City of Brooklyn

City of Brooklyn Heights

City of Independence

City of North Royalton

City of Parma

City of Parma Heights

City of Seven Hills

North Royalton Office on Aging

Parma Area Collaborative

Parma City Schools

Parma Health Ministry

Each of these organizations represents medically underserved, low-income or minority populations in the UH Parma Medical Center service area.

The top five health issues identified by those surveyed were: Heart Disease, Diabetes, Stroke, Substance Abuse and Cancer. Obesity was also identified as a top health issue. When asked to identify the most significant health issue, Substance Abuse was identified, with Access to Care/Insurance, Cancer, Heart Disease, Obesity and Stroke also listed as priorities.

Gaps in access to the following services were identified: (1) access to providers that are bilingual, (2) access to mental health services, and (3) access to transportation.

When asked to identify the most significant barriers that keep people in the community from accessing health care when they need it, the following barriers were prioritized: (1) inability to pay out of pocket expenses, (2) lack of transportation, (3) language/cultural barriers, (4) inability to navigate the health care system, and (5) time limitations. When asked to prioritize the most significant of these

barriers, a majority of respondents selected lack of transportation.

Respondents predominantly agreed that there are specific populations in the UH Parma Medical Center service area that are not being adequately served by local health services. The most commonly identified populations included the poor, uninsured, homeless and senior populations. Other populations identified as underserved were immigrant/refugee, children/youth and the disabled.

There was a strong consensus that the majority of uninsured and underinsured individuals in this community use the hospital emergency department as their primary point of care when in need of medical care.

All respondents agreed that there are a number of resources and services related to health and quality of life that are missing in the community. The category of bilingual services was the highest-ranked service that was identified. Others included mental health/substance abuse services, prescription assistance, free/low cost medical and dental care, transportation and health screenings.

Responses varied when asked what challenges people in the community face in trying to maintain healthy lifestyles. Examples included lack of access to affordable healthy food options, high levels of stress, poor lifestyle tied to chronic conditions, expenses and lack of transportation, and lack of time.

Respondents provided several recommendations that may help to improve the health and quality of life in the community. Some recommendations included programs to improve the use of primary care and reduce inappropriate use of the emergency room; promotion of community facilities, health fairs, and clubs for walking and biking; educating citizens on chronic disease management, healthy lifestyles, and awareness of available services; and providing affordable home health options.

The respondents to this survey included leaders from public health organizations, social service agencies, local government, and education/youth services organizations.

Interviews

UH Parma Medical Center, in collaboration with UH Case Medical Center, UH Regional Hospitals and UH Ahuja Medical Center, conducted interviews with community leaders that represent the broad interests of the community and public health. A copy of the interview guide can be found in the Appendix. Individuals interviewed included:

- 1) Terry Allan, Commissioner, Cuyahoga County Board of Health
- 2) Joanne Mraz, Educational Program Director, American Diabetes Association (ADA)
- 3) Jeffrey Lox, Chief Clinical Officer, Bellefaire JCB
- 4) Steve Paciorek, Director of Human Services, City of Brecksville
- 5) Steve Marlowe, Superintendent, Independence School District
- 6) Kira Karabanovs, Director, Parma Area Collaborative
- 7) Gene Lovasy, Manager, Parma Health Ministry
- 8) Scott Prebles, Superintendent, Brecksville/Broadview Heights School District
- 9) Dr. Jeff Graham, Superintendent, Parma City School District
- 10) Amy Washabaugh, Director of Human Services, City of Broadview Heights
- 11) Richard Balbier, Mayor, City of Brooklyn

Public Health

Cuyahoga County Board of Health (CCBH) Commissioner, Terry Allan, was interviewed for this CHNA. CCBH serves 855,000 people in Cuyahoga County and provides supplemental services regionally for seven counties. While CCBH serves this robust population, services are generally targeted to low-income, high need and often minority communities.

Mr. Allan believes that the biggest driver impacting health status in the community is poverty and education. He stated that social determinants of health have a vast impact across all age groups.

Among the youth/young adult age group the biggest issues driven by the social determinants of health are infant mortality, healthy eating/active living, tobacco use, violence, asthma, teen pregnancy and childhood vaccination.

Mr. Allan believes that many of these problems drive health issues as people age. In the age group of adults age 18 – 44, he identified the biggest health issues as preventive health, healthy eating/active living, chronic disease management, housing and employment.

As the population continues to age, Mr. Allan believes that chronic disease management continues to play an important role in population health. Employment among 45- to 65-year-olds is also a critical health indicator because it provides access to care, as well as family stabilization.

In the senior population, Mr. Allan cited senior fall prevention, preventive screenings and pneumonia vaccines as primary health concerns.

Demographic trends have played a significant role in the health status of Cuyahoga County residents. In the past 10 years, the population of the City of Cleveland has shrunk considerably. Following that trend, first-ring communities have become higher need (more aligned with the city). The first-ring school districts are facing challenges that hadn't been seen in the suburbs previously because of a rise in poverty.

There has been an increase in the concentrations of immigrants and minority populations (upwards of 50% in the City of Cleveland) that face their own unique health challenges. Importantly, care needs to become much more culturally competent to address these challenges.

Mr. Allan described several public health indicators that show challenges faced by the community. Overall, Cuyahoga County has decreased rates of lead poisoning among children. However, there remains a subset of neighborhoods in the most impoverished parts of the community that consistently have high rates of poisoning.

Similarly, trends in infant mortality remain deplorable among the minority populations in certain hotspots throughout the city. There are also negative trends in teen pregnancy disparities by race, even though the rate of teen pregnancy is going down overall. Diabetes-related health issues are also a big concern among the minority community.

Mr. Allan explained that while residents don't often find a need to leave the community to receive health services, they often migrate out of the community to meet other needs, which further drives the challenges associated with poverty for those who are left behind. He explained several reasons the population of Cuyahoga County has migrated out of the county in recent years:

- It is less expensive to live in counties further from the City of Cleveland, and people are worried about living wage
- Taxes outside of Cuyahoga County are lower
- People hunt for school systems they believe are best for their children
- Some have perceptions about safety and space in outer communities (race-related)

Challenges related to access to health care, mental and behavioral health, and social services for community members are largely driven by poverty. Lack of transportation is a major barrier to access. Additionally, a variety of social determinants of health impact access, including stress, employment and housing. Mr. Allan believes that communities that are more integrated, over time, fare better.

The racial polarity that is a reality in Cuyahoga County is a huge problem.

Mr. Allan suggested that a variety of stakeholders in the health care and social services sector must work together in a new way, in order to really drive change in the social determinants of health. He suggested that anchor agencies can play the role of facilitation, by managing the big issues in their areas of expertise. It is important to build a plan in an integrated way that provides collective impact and shared measurement and evaluation. If this doesn't happen, the community will continue to have organizations tripping over each other, because everyone tries to address the same issues without communication. Resources should be targeted based on data to address disparities and engage the community. Infant mortality would be a great starting point to demonstrate how such collaboration could succeed.

Local Leaders

UH Parma Medical Center further conducted an interview session in May 2015 with community leaders that represent the broad interests of the community. A copy of the interview guide can be found in the Appendix.

As is represented in the demographic analysis of the UH Parma Medical Center service area, the population of the community served by the hospital includes individuals and families from a broad range of socioeconomic circumstances. The populations of communities like the City of Parma have needs that are sometimes different than those of communities like the City of Brecksville. However, there are some needs that permeate the entire service area, regardless of income, race or other circumstances.

Commonly raised health issues included adult and youth mental health issues, obesity, access to care (specifically related to transportation), and access to resources.

Mental Health

The theme that emerged around mental health is that there are a restricted number of facilities available to treat at-risk patients. Further, these facilities have extremely long waiting lists that delay necessary treatment for patients in need. There is a significant gap in "post-crises" treatment options. Often patients can find access to crises services, but there are no services for re-entry and a dearth of opportunity for follow-up care.

Obesity

Obesity is a chronic issue in the UH Parma Medical Center service area among both youth and adults. Those interviewed identified a continued increase in obesity rates in both age groups over recent years. Healthy eating is believed to be a major contributor to this health issue. Participants stated that they believe people in their communities have no idea what a healthy meal actually looks like. There is a significant need for health education around this issue.

Transportation

There were several issues related to transportation that were raised during the conversation with community leaders. There is very little access to public transportation options for the community served by UH Parma Medical Center. This lack of transportation causes an inability to access health care services at hospitals or satellite offices. Participants also discussed the challenge that many local parents face – without reliable transportation, if a child gets sick at school, they have little access to get to the child and subsequently get the child to the doctor. There is also limited transportation access for seniors who need to visit their physicians.

Participants discussed the lack of school-based health care options in the local community. They believe that more school health would alleviate some of the issues related to transportation for parents. The discussion included thoughts about telehealth and mobile health units.

Access to Resources

Participating community leaders suggested that a major challenge in their communities is a lack of coordination between service providers. An increase in communication and collaboration between providers could open doors to new opportunities for residents to access services. They believe there is an opportunity to provide additional health education within the community.

Social Services

On June 23, 2015, interviews were conducted with Joanne Mraz, Educational Program Director at the American Diabetes Association (ADA), and Jeffrey Lox, Chief Clinical Officer at Bellefaire JCB (Bellefaire).

The Northeast Ohio office of ADA works primarily with diabetic populations in need in the Cleveland area, working to close the resource gap for those that have the least access to resources. The organization primarily reaches its target population through work at community centers, senior centers, county facilities, libraries and hospitals. They provide fundamental diabetes education, including biometric measurements, blood sugar screenings, blood pressure screenings and body mass index screenings. They couple screenings with fundamental, baseline education, such as food groups, mapping resources in the community, and how to access healthy options at local stores, like a dollar store.

Joanne explained that the majority of her low-income, diabetic population does not go to specialists like endocrinologists for care. At best, they work with primary care physicians to treat their disease, but often report to emergency room visits for emergent care only.

Bellefaire JCB serves 22,000 children and families each year. It is the largest behavioral health provider between Chicago and New York City. The organization treats kids with behavioral health issues, mental health issues and substance abuse issues. Bellefaire has a residential treatment facility on its Cleveland Heights campus, which houses approximately 100 young people. That includes a locked intensive treatment facility that treats kids ages 11 – 18; a four-bed crisis stabilization unit for kids who need help but won't qualify to be in a psychiatric unit at a hospital; and a residential program for 40 kids, age 6 – 22 on the autism spectrum. Bellefaire also houses the Monarch School, a day school for 150 students with autism, and recently spun off an adult program for those with autism, which treats those who age out of Bellefaire's childhood programs.

Outside of these on-campus programs, Bellefaire has a robust school-based program that serves kids in 180 Northeast Ohio schools; an in-home family therapy program; a foster care program; an adoption program; traditional outpatient therapy; and several other social services programs for local children.

The children seen through Bellefaire's programs are generally multineed kids with multisystem, complex medical needs.

Ms. Mraz and Mr. Lox expressed robust needs faced by their target audiences in the Cleveland area. To summarize, Ms. Mraz identified three primary issues: (1) health literacy, (2) lack of access to resources, and (3) lack of education. Mr. Lox identified: (1) a fundamental need for education, (2) issues of poverty and disenfranchisement, and (3) a lack of care coordination.

While Bellefaire and ADA primarily work with populations at the opposite ends of the age spectrum, their target audiences are impacted by similar trends and significant challenges associated with poverty. Mr. Lox noted that the children his organization works with appear more ill, come from more poverty and more abuse and neglect. They have not seen any appreciable growth in circumstances based on the Affordable Care Act.

Mr. Lox also noted that for children with autism, there is a national epidemic, which is the result of a growing population with services/technologies that can't keep pace. They see more children diagnosed with autism spectrum disorders and are in turn seeing an aging population with related problems.

Bellefaire has not traditionally had a large population of uninsured children because kids have traditionally qualified for Medicaid. However, the organization is seeing a new problem that has resulted from families that cannot qualify for Medicaid, but cannot afford the expenses associated with private insurance.

Finally, Mr. Lox noted that there is a growing crises related to heroin/opiate addiction. He stated that the problem is huge and his organization is seeing younger and younger children with addiction problems – they currently have an 11-year-old girl in their residential program for treatment of heroin addiction.

Poverty is also an underlying, growing issue for the populations Ms. Mraz works with through ADA. She noted that lifestyle is, both literally and figuratively, a killer for her patients. They do not have access to healthy food and do not properly exercise, and as such, contribute to the impact of their disease. There is also a significant population treated by ADA's programs that are underinsured and cannot afford copays associated with their insurance coverage. These patients do not visit their physicians regularly, do not receive the necessary durable goods to properly manage their disease, and are not properly educated on diabetes management.

Both leaders expressed that the community has a lack of mental health resources available for treatment of all ages. This is particularly a problem for kids on the autism spectrum, as there are no psych hospitals in town that will admit kids with a primary autism diagnosis. There was consensus that community members have several challenges related to access to health care. These primarily stem from a lack of access to primary care physicians and specialists that are willing to treat low-income individuals. There is also a lack of mental health providers that accept Medicaid (most have waiting lists) and a shortage of psych beds.

Mr. Lox and Ms. Mraz agreed that there is opportunity to improve circumstances for both of their target populations by bringing together community resources in creative, collaborative ways. The current challenge is that there is not a current, active, navigational hub to coordinate such efforts. There is a need to organize resources by health population and help individuals and families navigate through them.

Secondary Data

There were several sources of secondary data:

- U.S Census. 2010 Decennial Census, American Community Survey (projections to 2013) (demographic data; poverty data);
- U.S. Bureau of Labor Statistics, 2015 (unemployment data);
- U.S. Health Resources and Services Administration (HRSA) (medically underserved areas and populations and food deserts);
- Health status and access indicators available from:
 - County Health Rankings & Roadmaps; Robert Wood Johnson Foundation program, 2014;
 - Ohio Department of Health, 2014;
 - U.S. Centers for Disease Control and Prevention, CHSI Information for Improving Community Health, Community Health Status Indicators Project, 2015;
 - Community Commons, 2015

Information Gaps

To the best of The Center for Health Affairs' and Cypress Research Group's knowledge, no information gaps have affected UH Parma Medical Center's ability to reach reasonable conclusions regarding community health needs.

C. Demographic Characteristics of UH Parma Medical Center's Market Area

While UH Parma Medical Center's secondary market does contain two ZIP codes that are outside of Cuyahoga County, the proportion of residents in those communities of the total population in UH Parma Medical Center's market area is very small (total of 3%). Likewise, the proportion of discharges of residents in those municipalities totals only 1% (2013 discharges). Finally, those communities comprise a very small proportion of the total population of the counties in which they are located (Hinckley contains 4.5% of Medina County's total population and Richfield contains only 1.1% of Summit County's population). Therefore, herein when county-level data are presented, only Cuyahoga County is included, as Summit County and Medina County data cannot be presumed to be reflective of the population within those counties that are served by UH Parma Medical Center.

Cuyahoga County is the largest county in Ohio based on population size (1,259,828 residents in 2014). UH Parma Medical Center's market area covers 36.7% of Cuyahoga County's population; accurate population trends for subportions of counties are not available. Shown in [Figure 2: UH Parma Medical Center Market Area](#), Cuyahoga County as a whole had a 1.4% reduction in population from 2010 to 2014.

Between 2010 to 2013, the time period with full statistics available, Cuyahoga County had a 1.1% reduction in population.

Illustrated in [Table 5: Demographic Trends in Cuyahoga County: By Gender, Age and Race](#), Cuyahoga County, like its neighboring counties, is growing older, on average. In 2013, the proportion of senior citizens increased by 0.4 percentage points. Given that the use of health care increases substantially with age, especially after age 65, the aging of the population will have significant impacts on the demand for health care in regions where the proportion of older citizens is increasing.

Cuyahoga County is majority White, but the percentage of the population that is White decreased by 1% from 2010 to 2013. Black is the dominant minority race (29.7% of the total population).

While the basic demography in Cuyahoga County did not see significant changes from 2010 to 2013, the economic situations for many residents did.

[Table 6: Economic Trends in Cuyahoga County: Income and Poverty](#) shows that as the population decreased in Cuyahoga County from 2010 to 2013, the number of households also decreased slightly (-0.4%).

The average (median) income decreased from 2010 to 2013 by 4.6%. Mean household income decreased by 1.9% from 2010 to 2013. The proportion of households with Social Security income increased from 2010 to 2013 (1.4%). However, the average (mean) income from Social Security decreased by 1.3% in Cuyahoga County to \$15,921 in 2013.

There were more households receiving cash public assistance income in 2013 compared to 2010 in Cuyahoga County (an increase of 0.6%). The size of cash public assistance decreased by 6.9% in those three years. Likewise, the proportion of households receiving Food Stamp/SNAP benefits increased by 3.8% in Cuyahoga County from 2010 to 2013.

[Table 7: Most Economically Vulnerable County Residents](#) shows that Cuyahoga County saw modest increases in the proportion of economically vulnerable citizens and families from 2010 to 2013.

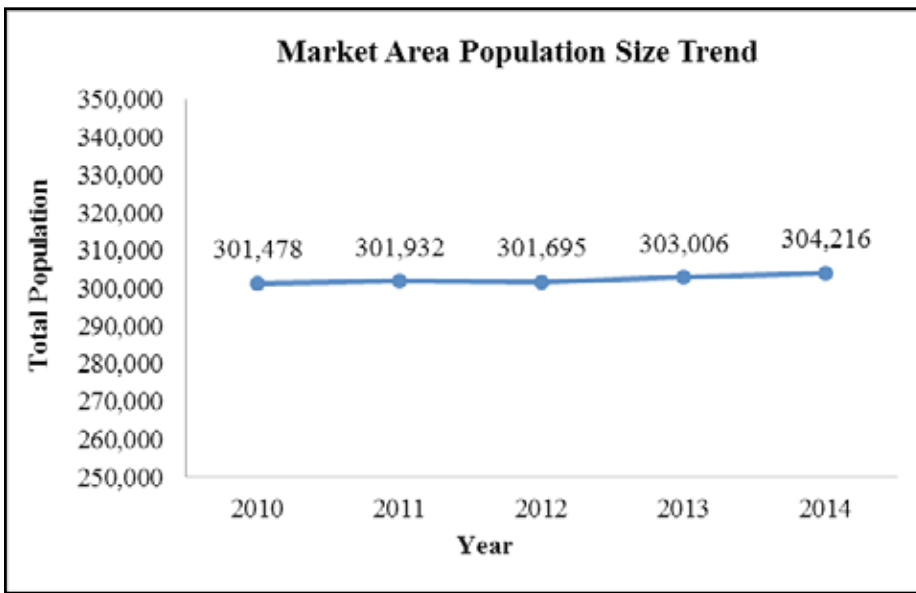
The proportion of Cuyahoga County households living below the poverty line increased by 1.3% (from 13.1% to 14.4%) from 2010 to 2013. Almost one in four Cuyahoga County households with children under age 18 lived below the poverty line in 2013 (23.9%), an increase of 2.7%.

Roughly one-fourth of Cuyahoga County households with children under age 5 (but no older children) lived under the poverty line in 2013 (26.1%), a 4.6 percentage point increase from 2010 levels. Approximately half (52.9%) of single mothers with young children under age 5 (and no older children) were living under the poverty line in Cuyahoga County in 2013.

From 2010 to 2013, fewer residents in Cuyahoga had private health insurance (a reduction of 2%), but more had public health coverage (an increase of 2.3%). On a net basis, there were fewer uninsured people in Cuyahoga County in 2013 compared to 2010 (a decrease of 0.5%).

Finally, the unemployment rate* in Cuyahoga County is the 30th highest in Ohio and was 5.5% in April of 2015. The comparable unemployment rate for Ohio was 4.6% (*Source: U.S. Bureau of Labor Statistics 2015).

FIGURE 2: UH PARMA MEDICAL CENTER MARKET AREA



Source: U.S. Decennial Census, American Community Survey projections to 2014

TABLE 5: DEMOGRAPHIC TRENDS IN CUYAHOGA COUNTY: BY GENDER, AGE AND RACE

	Cuyahoga County		
	2010	2013	Percent Change
Total Population	1,278,172	1,263,837	-1.1%
By Gender			
Males	47.4%	47.5%	+0.1%
Females	52.6%	52.5%	-0.1%
By Age Group			
0 – 19	25.6%	24.6%	-1.0%
18 – 44	31.0%	31.0%	0%
45 – 64	27.8%	28.3%	+0.5%
65+	15.4%	15.8%	+0.4%
By Race			
White	64.9%	63.9%	-1.0%
Black or African-American	29.6%	29.7%	+0.1%
American Indian and Alaska Native	0.2%	0.2%	0%
Asian	2.6%	2.7%	+0.1%
Native Hawaiian and Other Pacific Islander	0%	0%	0%
Some other race	0.9%	1.2%	+0.3%

TABLE 6: ECONOMIC TRENDS IN CUYAHOGA COUNTY: INCOME AND POVERTY

	Cuyahoga County		
	2010	2013	Percent Change
Total Households	534,653	532,702	-0.4%
Less than \$10,000	10.2%	11.2%	+1.0%
\$10,000 to \$14,999	6.5%	6.9%	+0.4%
\$15,000 to \$24,999	12.1%	12.6%	+0.5%
\$25,000 to \$34,999	11.2%	11.3%	+0.1%
\$35,000 to \$49,999	14.3%	13.7%	-0.6%
\$50,000 to \$74,999	16.9%	16.6%	-0.3%
\$75,000 to \$99,999	10.9%	10.3%	-0.6%
\$100,000 to \$149,999	10.8%	10.2%	-0.6%
\$150,000 to \$199,999	3.6%	3.4%	-0.2%
\$200,000 or more	3.6%	3.7%	+0.1%
Median household income (dollars)	\$45,184	\$43,112	-4.6%
Mean household income (dollars)	\$64,552	\$63,340	-1.9%
Percent of Households With Social Security	29.0%	30.4%	+1.4%
Mean Social Security income (dollars)	\$16,127	\$15,921	-1.3%
Percent with retirement income	18.5%	18.8%	+0.3%
Mean retirement income (dollars)	\$21,612	\$21,819	+1.0%
Percent with Supplemental Security Income	5.3%	6.8%	+1.5%
Mean Supplemental Security Income (dollars)	8,406	8,860	+5.4%
Percent with cash public assistance income	3.7%	4.3%	+0.6%
Mean cash public assistance income (dollars)	3,142	2,925	-6.9%
With Food Stamp/SNAP benefits in the past 12 months	14.5%	18.3%	+3.8%

Source: U.S. Decennial Census, American Community survey projections to 2013

TABLE 7: MOST ECONOMICALLY VULNERABLE COUNTY RESIDENTS

	Cuyahoga County		
	2010	2013	Percent Change
Percent of families under poverty line	13.1%	14.4%	+1.3%
Percent of households with related children under 18 years under poverty line	21.2%	23.9%	+2.7%
Percent of households with related children under 5 years (no older children) under the poverty line	21.5%	26.1%	+4.6%
Married Couple Families			
Percent of married couple families under the poverty line	4.3%	5.1%	+0.8%
Percent of married couple families with related children under 18 years under the poverty line	5.6%	7.7%	+2.1%
Percent of married couple families with related children under 5 years (no older children) under the poverty line	4.5%	8.4%	+3.9%
Female Householders, no husband present			
Percent of families with female householder, no husband present, under the poverty line	33.1%	34.2%	+1.1%
Percent of families with female householder, no husband present, with related children under 18 years, under the poverty line	43.2%	45.7%	+2.5%
Percent of families with female householder, no husband present, with related children under 5 years (no older children), under the poverty line	46.7%	52.9%	+6.2%
All People in the County			
Percent of all people in the county under the poverty line	17.3%	18.7%	+1.4%
Of those under 18 years	26.1%	28.1%	+2.0%
Of those with related children under 18 years	25.8%	27.8%	+2.0%
Of those with related children under 5 years	30.4%	31.7%	+1.3%
Of those with related children 5 to 17 years	24.2%	26.3%	+2.1%
Living under poverty line, by age:			
Of those 18 years and over	14.6%	16.0%	+1.4%
18 to 64 years	15.6%	17.2%	+1.6%
65 years and over	10.8%	11.2%	+0.4%
Health Insurance Coverage			
Percent with health insurance coverage	88.2%	88.7%	+0.5%
Percent with private health insurance	67.6%	65.6%	-2.0%
Percent with public coverage	32.9%	35.2%	+2.3%
Percent no health insurance coverage	11.8%	11.3%	-0.5%

Source: U.S. Decennial Census, American Community survey projections to 2013

D. UH Parma Medical Center Patients Served

Table 8: Hospitalizations, UH Parma Medical Center Market Area Residents 2011 to 2013 shows that between 2011 and 2013, the number of patient discharges decreased for UH Parma Medical Center by 16.5% within the primary market area and 18.4% in the secondary market area, thus 16.8% overall. This substantial decline in hospitalizations does not appear to be reflective of a similar level of decreased hospitalization rates for the population within the hospital's footprint overall, as the number of hospitalizations for the total market area (regardless of hospital) declined by 1.9% from 2011 to 2013.

Of all discharges in 2013, two-thirds (67.0%) were Medicare patients and 6.4% were Medicaid patients, shown in Table 9: UH Parma Medical Center, 2013 Discharges, by Payer. These percentages were very similar within the primary and secondary markets, but some differences lie across ZIP code areas within those markets. The ZIP codes in the primary market with the highest proportion of Medicare discharges were Parma Heights/Middleburg Heights (44130) (72.4%), North Royalton (44133) (71.9%) and Broadview Heights (44147) (71.8%). The proportion of discharged patients covered by Medicaid was highest in Cleveland (44129) (15.9%) within the primary market.

The proportion of those covered by commercially available insurance was almost identical between the primary and secondary market areas (21.0% and 21.2%, respectively). No ZIP code area showed a significantly lower or higher proportion of commercially insured discharges within the primary market area, with the exception of Parma Heights/Middleburg Heights (44130) (16.3%).

Shown in Figure 3: Age of UH Parma Medical Center's Discharged Patients, 2013, by Market, in 2013, 96.8% of discharged patients from UH Parma Medical Center market areas were adults (ages 16 and older). The median age for primary market patient discharges in 2013 was 74; the median age for secondary market patient discharges was slightly older at 75 years. Note that females, on average, were slightly older than males (median of 75 years of age versus 72 years of age, respectively).

TABLE 8: HOSPITALIZATIONS, UH PARMA MEDICAL CENTER MARKET AREA RESIDENTS

2011 – 2013 UH Parma Medical Center’s Discharges Versus All Other Ohio Hospitals’ Discharges

		UH Parma Medical Center’s Primary Market	UH Parma Medical Center’s Secondary Market	Total UH Parma Medical Center Market Area Residents
2011	Discharge from Other Hospital	22,673	32,859	55,532
	Discharge from UH Parma Medical Center	11,012	2,205	13,217
	Total Discharges, Market Area:	33,685	35,064	68,749
2012	Discharge from Other Hospital	22,981	33,110	56,091
	Discharge from UH Parma Medical Center	10,397	2,192	12,589
	Total Discharges, Market Area:	33,378	35,302	68,680
2013	Discharge from Other Hospital	23,253	33,167	56,420
	Discharge from UH Parma Medical Center	9,194	1,799	10,993
	Total Discharges, Market Area:	32,447	34,966	67,413
	Change in Discharges from Other Hospitals, 2011 to 2013	2.6%	0.9%	1.6%
	Change in Discharges from UH Parma Medical Center, 2011 to 2013	-16.5%	-18.4%	-16.8%
	Change in Discharges from Any Area Hospital, Total Market Area	-3.7%	-0.3%	-1.9%

Source: Ohio Hospital Association discharge data

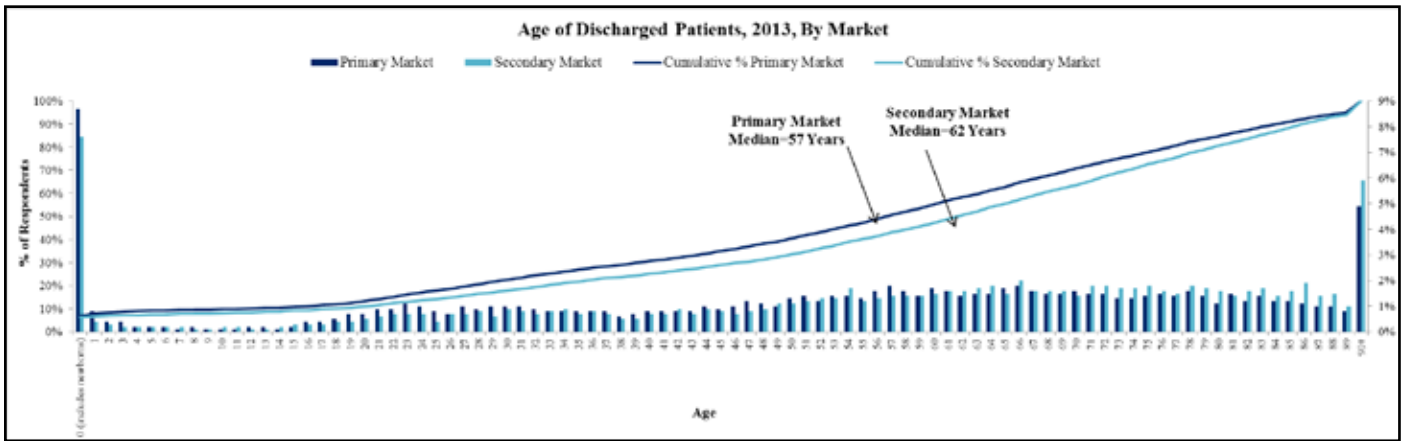
TABLE 9: UH PARMA MEDICAL CENTER, 2013 DISCHARGES, BY PAYER

		Number of Discharges	Percent in ZIP Code By Payer				
			Medicare	Medicaid	Commercial	Others	Self-Pay
Primary Market Area							
Cuyahoga County	Cleveland (44109)	447	57.0%	15.9%	23.0%	0.2%	3.8%
	Parma (44129)	2,033	67.9%	6.1%	21.8%	0.3%	3.8%
	Parma Hts./ Middleburg Hts. (44130)	2,123	72.4%	7.1%	16.3%	0.3%	3.9%
	North Royalton (44133)	1,155	71.9%	3.8%	21.9%	0.2%	2.2%
	Parma (44134)	2,377	67.8%	6.4%	22.1%	0.6%	3.1%
	Brooklyn (44144)	556	63.8%	8.5%	25.0%	0.0%	2.7%
	Broadview Heights (44147)	503	71.8%	2.4%	23.9%	0.2%	1.8%
Subtotal Primary Market		9,194	68.9%	6.5%	21.0%	0.3%	3.2%
Secondary Market Area							
Cuyahoga County	Cleveland (44102)	84	40.5%	22.6%	21.4%	0.0%	15.5%
	Cleveland (44111)	59	47.5%	18.6%	23.7%	1.7%	8.5%
	Garfield Heights (44125)	104	43.3%	13.5%	29.8%	1.9%	11.5%
	Independence (44131)	769	76.3%	1.7%	19.2%	0.5%	2.2%
	Cleveland (44135)	71	50.7%	21.1%	25.4%	0.0%	2.8%
	Strongsville (44136)	182	67.0%	2.2%	27.5%	0.5%	2.7%
	Brecksville (44141)	216	80.1%	0.9%	17.1%	1.9%	0.0%
	Brook Park (44142)	186	70.4%	8.1%	19.4%	0.5%	1.6%
Medina County	Hinckley (44233)	62	61.3%	0.0%	32.3%	1.6%	4.8%
Summit County	Richfield (44286)	66	80.3%	3.0%	15.2%	0.0%	1.5%
Subtotal Secondary Market		1,799	69.3%	5.3%	21.2%	0.6%	3.6%
Total Market		10,993	68.9%	6.3%	21.0%	0.4%	3.3%
Other Market		1,196	48.9%	6.7%	36.5%	0.3%	7.5%
Total		12,189	67.0%	6.4%	22.6%	0.4%	3.7%

Source: Ohio Hospital Association discharge data

FIGURE 3: AGE OF UH PARMA MEDICAL CENTER'S DISCHARGED PATIENTS, 2013, BY MARKET

Non-Newborns



Source: Ohio Hospital Association discharge data

E. Ambulatory Care Sensitive Discharges

Adults

Using discharge data from UH Parma Medical Center, which includes the reason for patient admission into the hospital, “ambulatory care sensitive discharges” can be identified. Ambulatory care sensitive (ACS) conditions are conditions for which “good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease,” according to the Agency for Healthcare Research and Quality. The incidence of ambulatory care sensitive discharges has been used as an index of adequate primary care in a market area. The diagnostic categories (and associated ICD-9-CM codes) can be found in the Appendix.

Table 10: UH Parma Medical Center, Primary and Secondary Diagnoses of Adult (Age 16+) ACS Discharges in 2013 shows the number of adult discharges for UH Parma Medical Center in 2013 and the percent that were ACS cases. For all discharges, there are both primary and nonprimary diagnoses (“secondary” diagnoses), and both are shown in the table below. Patients can have up to 14 different secondary diagnoses.

For UH Parma Medical Center, 25.8% of discharges were ACS discharges of residents within the primary and secondary market areas combined. This may signal lower availability or access to primary care within the total market area.

The most common primary ACS diagnoses for UH Parma Medical Center’s discharged patients were chronic obstructive pulmonary disease (COPD) (4.8%) and congestive heart failure (4.5%). Bacterial pneumonia (4.3%) was almost as common of a primary diagnosis.

In terms of secondary diagnoses in 2013, congestive heart failure comprised an additional 37.1% of discharges and COPD comprised an additional 19.7% of discharges. One-fourth (25.5%) of discharged patients in 2013 were diabetic and 1 in 4 (58.5%) had hypertension.

The incidence of ACS primary diagnoses differs by patients’ age groups, illustrated in Table 11: UH Parma Medical Center, Primary and Secondary Diagnoses ACS Discharges in 2013, by Age Group.

Patients under age 40 were less likely to have a primary ACS diagnosis than their older counterparts in 2013 among UH Parma Medical Center discharges (18.5%). Congestive heart failure, COPD and bacterial pneumonia were the most common ACS conditions among senior citizen discharges.

Cellulitis and asthma ACS diagnoses were less common among seniors than those under age 65. Diabetes as an ACS primary diagnosis was most common among those under age 40. Diabetes and cellulitis were the most common ACS diagnoses among those under age 40.

Showing the incidence of ACS cases among discharged patients is useful to point out the proportion of discharged patients who may have avoided hospitalization if, for example, they had increased access to primary medical care.

Table 12: UH Parma Medical Center Market Areas Versus Contiguous Counties, Primary Diagnosis of Adult (Age 18+) ACS Discharges in 2013 displays the number of adult discharges with ACS conditions as a primary diagnosis for UH Parma Medical Center in 2013 compared to Cuyahoga County (hospitalizations for UH Parma Medical Center and other hospitals, combined), and nearby Northeast Ohio counties. This table also isolates the ACS discharge rate for those who live in UH Parma Medical Center’s market areas, regardless of to which hospital they were admitted.

UH Parma Medical Center had higher rates of ACS discharges compared to each of the four comparison counties (30.0% versus 18.7%, at worst). Another way to examine the data is to look at the incidence of ACS cases within UH Parma Medical Center’s market area, regardless of which hospital patients were discharged from. This may provide a clearer picture of the relative need for primary care in this area. In UH Parma Medical Center’s market area, 17.8% of discharges are ACS cases, which is comparable to the ACS discharge level in surrounding counties.

Table 13: UH Parma Medical Center, Primary Diagnosis of Adult (Age 18+) ACS Versus Non-ACS Discharges in 2013, by Primary Payer shows that chronic obstructive pulmonary disease (5.5%), congestive heart failure (6.0%) and bacterial pneumonia (5.0%) were more common ACS conditions among Medicare patients than among those with other sources of health coverage. Cellulitis (4.6%) was the most prevalent ACS condition among those with Medicaid coverage, followed by COPD (4.3%).

Overall, the incidence of an ACS diagnosis was lower (22.8%) for Medicaid patients than for Medicare patients (28.2%), but lowest for those with commercial insurance (19.2%). Within UH Parma Medical Center’s primary and secondary markets, the pattern of ACS diagnoses suggests there may be a lack of primary care that is more severe for Medicare patients and Medicaid patients than for those with other commercial health insurance coverage.

TABLE 10: UH PARMA MEDICAL CENTER, PRIMARY AND SECONDARY DIAGNOSES OF ADULT (AGE 16+) ACS DISCHARGES IN 2013

	Primary Diagnosis	Secondary Diagnosis
No ACS Condition	74.2%	
Specific ACS Conditions:		
Chronic Obstructive Pulmonary Disease (COPD)	4.8%	19.7%
Congestive Heart Failure (CHF)	4.5%	37.1%
Bacterial Pneumonia	4.3%	7.5%
Cellulitis	3.7%	3.9%
Kidney/Urinary Infections	3.3%	11.8%
Diabetes	1.5%	25.5%
Asthma	1.3%	6.2%
Gastroenteritis	0.6%	0.8%
Dehydration/Volume Depletion	0.5%	12.2%
Hypertension	0.4%	58.5%
Epilepsy	0.4%	3.7%
Iron Deficiency Anemia	0.2%	5.9%
Convulsions	0.1%	0.5%
Hypoglycemia	0.1%	0.3%
Severe ENT Infections	0.05%	0.5%
Angina	0.04%	2.1%
Pelvic Inflammatory Disease	0.01%	0.2%
Dental Conditions	0.01%	0.2%
Nutritional Deficiencies	0.01%	3.0%
Acute Bronchitis	0.0%	0.02%
Immunization-Related and Preventable Conditions	0.0%	0.01%
Pulmonary Tuberculosis	0.0%	0.01%
Failure to Thrive (Newborns)	0.0%	0.01%

Source: Ohio Hospital Association discharge data.

Source: Definition of ACS conditions: Billings J, Zeitel L, Lukomnik J, Carey TS, Blank AE, Newman L. Impact of socio-economic status on hospital use in New York City. *Health Affairs (Millwood)* 1993; 12(1):172-173.

TABLE 11: UH PARMA MEDICAL CENTER, PRIMARY AND SECONDARY DIAGNOSES ACS DISCHARGES IN 2013, BY AGE GROUP

	< Age 40 (848 Discharges)	Age 40 to 64 (2,534 Discharges)	Age 65+ (7,258 Discharges)
No ACS Condition	81.5%	72.5%	72.7%
Congestive Heart Failure (CHF)	0.1%	2.0%	6.1%
Chronic Obstructive Pulmonary Disease (COPD)	0.4%	6.0%	5.2%
Bacterial Pneumonia	1.9%	4.0%	4.9%
Kidney/Urinary Infections	1.9%	1.7%	4.2%
Cellulitis	4.6%	5.4%	3.2%
Diabetes	4.6%	2.6%	0.8%
Asthma	1.5%	2.9%	0.7%

TABLE 12: UH PARMA MEDICAL CENTER MARKET AREAS VERSUS CONTIGUOUS COUNTIES, PRIMARY DIAGNOSIS OF ADULT (AGE 18+) ACS DISCHARGES IN 2013

	UH Parma Medical Center	UH Parma Medical Center Market Area (Discharge from All Area Hospitals)	Cuyahoga County	Medina County	Summit County	Lorain County
No ACS Condition	74.2%	82.2%	81.3%	83.2%	81.9%	84.3%
ACS Condition, Total	25.8%	17.8%	18.7%	16.8%	18.1%	15.7%
Specific ACS Conditions:						
Congestive Heart Failure (CHF)	4.5%	3.1%	3.8%	2.9%	3.5%	3.4%
Chronic Obstructive Pulmonary Disease (COPD)	4.8%	2.5%	2.5%	2.1%	2.4%	1.9%
Bacterial Pneumonia	4.3%	2.6%	2.6%	3.4%	2.9%	2.4%
Kidney/Urinary Infections	3.2%	1.8%	1.9%	2.1%	2.1%	1.9%
Cellulitis	3.7%	2.4%	2.1%	2.2%	2.4%	2.3%
Diabetes	1.5%	1.3%	1.4%	1.0%	1.4%	0.8%
Asthma	1.3%	1.6%	1.7%	0.9%	1.0%	0.7%
Dehydration/Volume Depletion	0.5%	0.5%	0.5%	0.6%	0.7%	0.6%
Iron Deficiency Anemia	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
Hypertension	0.4%	0.2%	0.4%	0.2%	0.3%	0.2%
Angina	0.04%	0.1%	0.1%	0.1%	0.1%	0.1%
Epilepsy	0.4%	0.7%	0.7%	0.4%	0.5%	0.5%
Nutritional Deficiencies	0.01%	0.01%	0.02%	0.01%	0.03%	0.01%
Gastroenteritis	0.6%	0.3%	0.3%	0.3%	0.3%	0.2%
Severe ENT Infections	0.05%	0.1%	0.1%	0.1%	0.1%	0.1%
Dental Conditions	0.01%	0.1%	0.1%	0.01%	0.1%	0.02%
Convulsions	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%
Pelvic Inflammatory Disease	0.01%	0.06%	0.1%	0.01%	0.04%	0.02%
Hypoglycemia	0.1%	0.01%	0.02%	0.01%	0.01%	0.02%
Immunization-Related and Preventable Conditions	0.0%	0.001%	0.001%	0.01%	0.0%	0.01%

Source: Ohio Hospital Association discharge data.
 Source: Definition of ACS conditions: Billings et al 1993.

TABLE 13: UH PARMA MEDICAL CENTER, PRIMARY DIAGNOSIS OF ADULT (AGE 18+) ACS VERSUS NON-ACS DISCHARGES IN 2013, BY PRIMARY PAYER

More Common ACS Conditions

	Medicare	Medicaid	Commercial	Other*	Self-Pay	Total
Number of Discharges	7,579	697	2,312	42	363	10,993
No ACS Primary Diagnosis	71.8%	77.2%	80.8%	88.1%	74.1%	74.2%
Specific ACS Conditions:						
Chronic Obstructive Pulmonary Disease (COPD)	5.5%	4.3%	3.2%	2.4%	2.2%	4.8%
Congestive Heart Failure (CHF)	6.0%	0.7%	1.3%	0.0%	1.9%	4.5%
Bacterial Pneumonia	5.0%	2.0%	2.9%	0.0%	3.3%	4.3%
Kidney/Urinary Infections	4.2%	2.3%	1.2%	2.4%	1.1%	3.3%
Cellulitis	3.3%	4.6%	4.1%	7.1%	6.3%	3.7%
Diabetes	0.9%	3.7%	2.2%	0.0%	5.2%	1.5%
Asthma	1.0%	2.2%	1.7%	0.0%	1.7%	1.3%

*Number of discharges is too small to reliably draw conclusions; not considered in analysis.

Source: Ohio Hospital Association discharge data.

Source: Definition of ACS conditions: Billings et al 1993.

UH Parma Medical Center Discharges

This section again examines UH Parma Medical Center's discharge data from 2013. These data provide primary and secondary diagnosis information for each patient discharged in 2013. This data evaluation seeks to identify particular diagnoses or diagnostic categories that can shed light on how public health or preventive care initiatives could impact the overall health of Cuyahoga County residents.

Table 14: UH Parma Medical Center, Primary and Secondary Diagnosis of Adults (Age 18+), Discharged in 2013 shows the number and percentage of discharges based on the major diagnostic category of adult patients' primary diagnoses. There are more than 17,000 different medical diagnostic codes. For specific diagnoses, only those that were relatively common are shown.

In 2013, the most common primary diagnostic category (19.0%) was diseases of the circulatory system. Heart failure was the most common primary diagnosis within that category (4.4%), but 28.5% of discharges had a secondary diagnosis of heart failure.

Diseases of the respiratory system were also very common as primary diagnoses (15.2%). Pneumonia and chronic bronchitis were the two most common specific diagnoses in this category. Also common were digestive system diseases (10.6%), and while no specific digestive disease primary diagnosis was very common, 18.0% of discharged patients had a secondary diagnosis of diseases of the esophagus.

Almost half of all discharges (45.1%) had a secondary diagnosis of essential hypertension; 7.6% had a secondary diagnosis of acute renal failure but twice as many (15.1%) were in chronic renal failure.

One in five (20.5%) adults discharged in 2013 had a secondary diagnosis of obesity and almost one-third (32.3%) were diabetic.

While very few discharged patients in 2013 had a mental disorder as a primary diagnosis, mental disorders were very common secondary diagnoses. One in six (14.5%) had a secondary diagnosis of nondependent drug abuse.

TABLE 14: UH PARMA MEDICAL CENTER, PRIMARY AND SECONDARY DIAGNOSIS OF ADULTS (AGE 18+), DISCHARGED IN 2013

	Primary Diagnoses Percent of Discharges*	Secondary Diagnoses Percent of Discharges**
Diseases of the circulatory system	19.0%	
Most common specific diagnoses in category:		
Heart failure	4.4%	28.5%
Cardiac dysrhythmias	3.5%	26.7%
Chronic ischemic heart disease	1.9%	33.0%
Hypotension	0.5%	6.5%
Essential hypertension	0.3%	45.1%
Hypertensive renal disease	0.2%	16.4%
Diseases of the respiratory system	15.2%	
Most common specific diagnoses in category:		
Pneumonia	4.7%	6.1%
Chronic bronchitis	4.7%	4.7%
Asthma	1.3%	4.8%
Chronic airway obstruction, not elsewhere classified	0.03%	10.1%
Diseases of the digestive system	10.6%	
Most common specific diagnoses in category:		
Diseases of the esophagus	0.3%	18.0%
Diseases of the musculoskeletal system and connective tissue	7.4%	
Most common specific diagnoses in category:		
Osteoarthritis	4.9%	11.4%
Diseases of the genitourinary system	6.8%	
Most common specific diagnoses in category:		
Urinary tract disorder	3.2%	10.5%
Acute renal failure	2.1%	7.6%
Chronic renal failure	0.0%	15.1%
Injury and poisoning	6.1%	
Infectious and parasitic diseases	6.0%	
Most common specific diagnoses in category:		
Septicemia	4.0%	0.1%
Bacterial infection in other disease	0.0%	10.3%
Other symptoms, signs and ill-defined conditions	4.2%	
Diseases of the skin and subcutaneous tissue	3.9%	
Most common specific diagnoses in category:		
Cellulitis/abscess	3.6%	0.3%

	Primary Diagnoses Percent of Discharges*	Secondary Diagnoses Percent of Discharges**
Endocrine, nutritional and metabolic diseases, and immunity disorders	4.0%	
Disease of lipid metabolism	0.0%	41.3%
Diabetes Mellitus	2.1%	32.3%
Acquired Hypothyroidism	0.0%	16.8%
Obesity	0.0%	20.5%
Complications of pregnancy, childbirth and the puerperium	3.3%	
Mental disorders	3.0%	
Other organic psychological conditions	0.7%	11.6%
Nondependent drug abuse	0.1%	14.5%
Neurotic disorders	0.1%	11.7%
Depressive disorder, not elsewhere classified	0.1%	10.8%
Neoplasms-malignant	2.3%	
Diseases of the nervous system	1.2%	
Neoplasms-benign	0.6%	
Diseases of the sense organs	0.2%	

*Total includes all diagnoses within this category, not just those shown.

**These are duplicated counts; patients may have more than one secondary diagnosis.

Source: Ohio Hospital Association discharge data.

F. Cuyahoga County Mortality and Morbidity

Table 15: Most Prevalent Causes of Death or Impaired Health and Table 16: Most Prevalent Morbidity – Adults and Youth show the most prevalent types of mortality and morbidity of chronic diseases and other health-impacting events in Cuyahoga County.

Cancer is the leading cause of death for adults in Cuyahoga County, followed by coronary heart disease. Strokes, accidents, diabetes and kidney disease combined account for far fewer deaths than cancer and/or coronary heart disease deaths. Note that annually approximately 560 per 100,000 Cuyahoga County citizens are victims of violent crime.

Linked to the most common death rates are common habitual behaviors. About one-fourth of Cuyahoga residents are obese (BMI > 30); one in five are tobacco smokers.

The Centers for Disease Control and Prevention also designates Cuyahoga County as one with lower-than-average access to primary care providers in that the county has a higher-than-average hospitalization rate for older adults (74.5 per 1,000 Medicare enrollees).

TABLE 15: MOST PREVALENT CAUSES OF DEATH OR IMPAIRED HEALTH

	Annual, Per 100,000 adults	U.S. Median, of All Counties	Centers for Disease Control and Prevention's Comparison to Peer Counties
Cancer Deaths	196.1	185.0	Rate is higher than average**
Coronary Heart Disease Deaths	151.3	126.7	Rate is higher than average**
Stroke Deaths	38.7	46.0	
Accidental Deaths (including motor vehicle)	32.1	50.8	
Motor Vehicle Deaths	5.7	19.2	
Diabetes Deaths	23.1	24.7	
Kidney Disease Deaths	15	17.5	
Violent Crime (homicide, rape, assault)	559.7	199.2	

Source, U.S. Centers for Disease Control and Prevention, 2015

**Compared to peer counties.

TABLE 16: MOST PREVALENT MORBIDITY – ADULTS AND YOUTH

	Cuyahoga County	U.S. Median, of All Counties	
	Percent Morbidity		
Adults:			
Obesity	26.4%	30.4%	
Smokers	19.3%	21.7%	
Adult Diabetes	7.7%		
Older Adult Depression	14.0%	12.4%	
Older Adult Asthma	5.2%	3.6%	Rate is higher than average**
Alzheimer's Disease (among older adults)	14.4%	10.3%	Rate is higher than average**
Preterm Births	14.4%	12.1%	Rate is higher than average**
Youth:			
Teen Births (of females ages 15 to 19)	39.3% (per 1,000 births)	4.2% (per 1,000 births)	

Source, U.S. Centers for Disease Control and Prevention, 2015

**Compared to peer counties.

G. Primary Analysis of Representative Sample of Market Area Population

The ACS analysis section provided evidence from UH Parma Medical Center's discharge data that market area residents may lack full access to primary care. To further understand Cuyahoga County health needs, the following section presents the results of a mail survey of Cuyahoga County adults (who reside in UH Parma Medical Center's market areas) regarding their health and access to health care.

A random mail survey of households in Cuyahoga County was conducted in 2012. A total of 602 surveys were completed of which 147 (24.3%) were in UH Parma Medical Center's primary or secondary market areas. Surveys were commissioned by Cuyahoga County Health Partners and conducted by the Hospital Council for Northwest Ohio to capture a comprehensive picture of Cuyahoga County residents' health status. The Cuyahoga County Health Partners did not commission similar studies for children or youth in the county, therefore, data is only available for the adult population.

Population Health Status

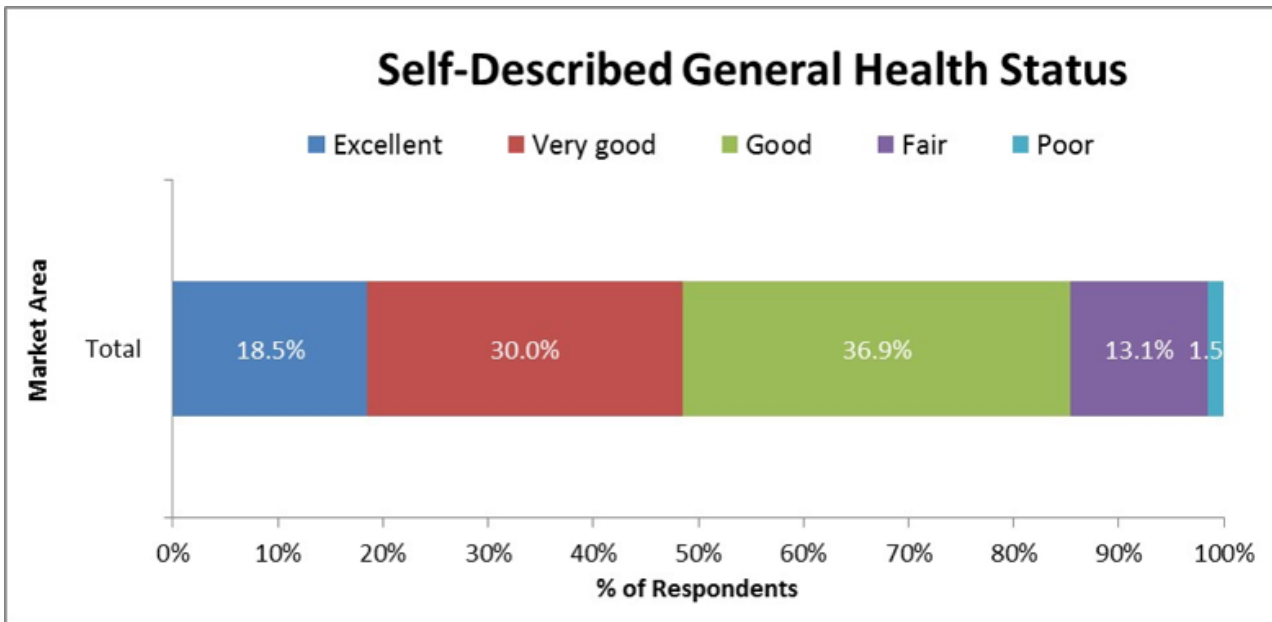
This section describes the self-reported health status of the population within UH Parma Medical Center's market area. Survey respondents for the county-wide data were designated a resident of UH Parma Medical Center's market area via their residential ZIP code.

Shown in [Figure 4: Ratings of Overall Health Care](#), seeking medical care outside of the county was uncommon for Cuyahoga County adults (within UH Parma Medical Center's market areas) in 2012: only 8.9% sought any type of medical care outside of the county within the year prior to the survey; only 4.9% of those adults surveyed sought primary care outside of the county.

Fewer than one in five (18.5%) of UH Parma Medical Center's market area adult population described their health as 'excellent.' Very few (1.5%) felt their overall health was 'poor.' Likewise, most (85.4%) report their 'overall health care' as at least good.

Residents within UH Parma Medical Center's market area reported that their physical health was 'not good' an average (mean) of 3.4 days during the previous 30 days, illustrated in [Table 17: Self-Described Physical and Mental Health Status: Past 30 Days](#). On average, this group reported that their mental health was 'not good' an average (mean) of 3.1 days. For them, these less-than-optimal health days prevented them from doing their normal activities (work, school) an average of 2.5 days within that 30-day period. Note that most (61.2%) reported zero days with physical health problems within the 30-day period, and 61.0% reported zero days with any mental health issues during that time. Three in four (76.2%) reported that their health didn't keep them from any of their normal activities within the past 30 days.

FIGURE 4: RATINGS OF OVERALL HEALTH CARE



Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

TABLE 17: SELF-DESCRIBED PHYSICAL AND MENTAL HEALTH STATUS: PAST 30 DAYS

(Mean Number of Days)

	Physical health 'not good'	Mental health 'not good'	Poor physical or mental health prevented normal activities
Total UH Parma Medical Center Market			
Mean Number of Days	3.4 days	3.1 days	2.5 days
Proportion With At Least One Day	38.8%	39.0%	23.8%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

Health Care Coverage

Figure 5: Percent of Adults with Health Coverage in Market Area, 2012 shows that a majority of adults in UH Parma Medical Center's primary and secondary market areas reported that they have health coverage (82.2%). The U.S. Census Bureau (American Community Survey) found that 11.3% of adults in Cuyahoga County, overall, were without health insurance in 2013, which is approximately what the survey data showed.

Lack of access to health coverage is a common occurrence during some point in the adult lives of many of UH Parma Medical Center's market area adult residents: 70.5% of those in the market area always had health coverage, meaning roughly one in three were without health coverage at some point in their adult lives.

Illustrated in Figure 6: Access to Health Care, a majority of adults in UH Parma Medical Center's market area reported having a primary care provider (81.4%). However, more than one in four (29.8%) reported that their financial situation, combined with their level of health coverage, could prevent them from seeking needed medical care because of cost. More than one in 10 (11.7%) adults in UH Parma Medical Center's market area reported transportation as a barrier to obtaining health care.

All survey respondents (100%) were able to name a location or source from which they primarily seek health care services or information, shown in Figure 7: Access to Care: Specific Sources of Care. The most common specific location where health care or information was primarily sought was a physician's office (64.6%). The second most common source for health care services or information was an urgent care center (6.9%) followed by the Internet (5.4%). Some (12.5%) reported not having one specific location or type of location that they go to for health care services or information.

Few respondents reported a hospital emergency room as the primary place where they seek medical care. Two-thirds (68.7%) reported not being in a hospital emergency room within the year prior to the survey (not shown), therefore 31.3% reported seeking care from a hospital emergency department at least once in the year prior to the survey.

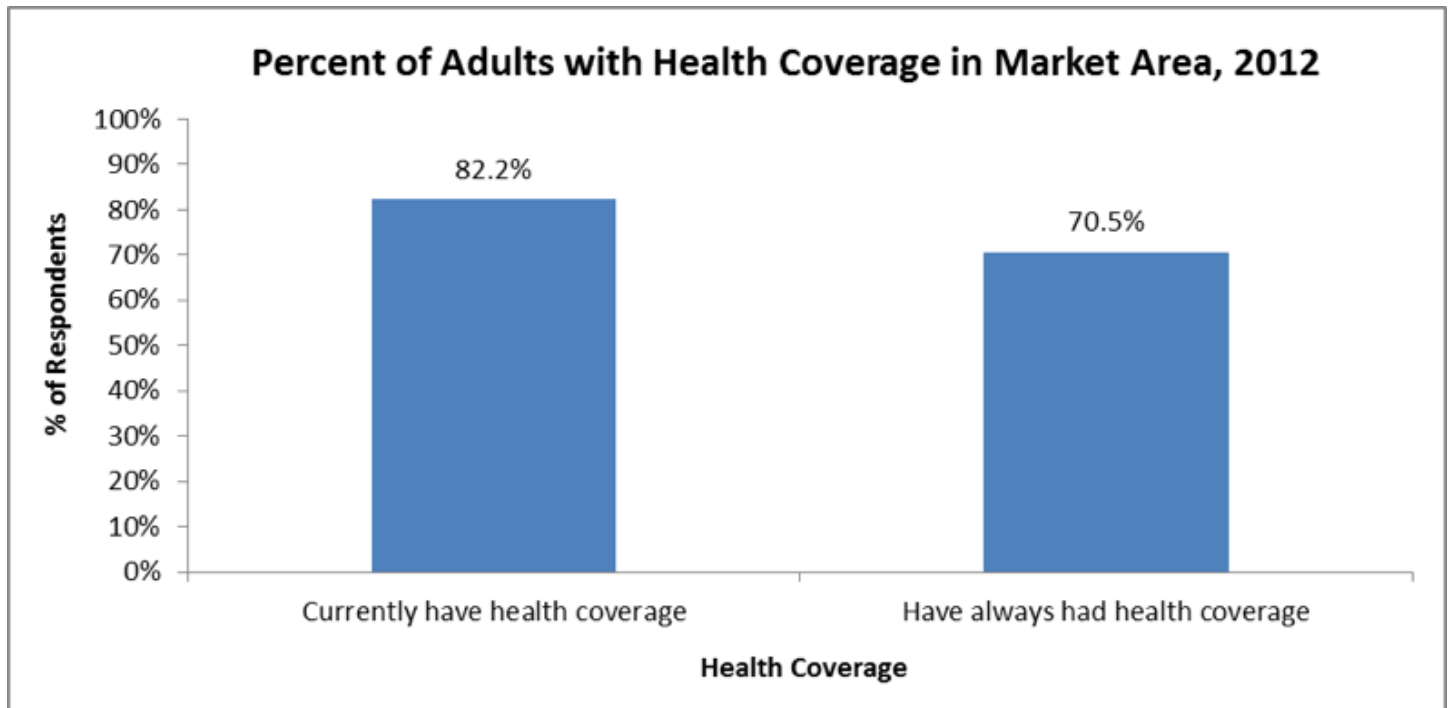
For those with health insurance coverage, more than three-fourths (77.0%) have a private source of insurance. Almost half of those with health care coverage obtain it through their own employer (45.3%) and nearly one-fourth obtain it through another person's employer-provided coverage (24.2%). A substantial portion (21.0%) obtain their coverage through a publicly funded source, mostly Medicare (8.4%) or Medicaid (8.4%).

Just over one-fourth (28.8%) of adults reported, in Figure 8: Source of Health Care Coverage, that at some point they have been without health care coverage as adults. The reasons for loss of coverage are varied, and no reason dominates. Note that the figures below are of the total survey respondent base. Because employers were the most common source of payment for health care coverage, loss of coverage is most commonly related to a change in employment (job loss, employers not offering coverage, or loss of coverage due to reduction in work hours/status).

Figure 9: Type of Care Covered shows that while almost all health coverage includes medical care, other types of health care are not covered for residents within UH Parma Medical Center's market areas. Health care coverage includes medical care, and a great majority of those with coverage have a prescription plan as part of their coverage (92.1%).

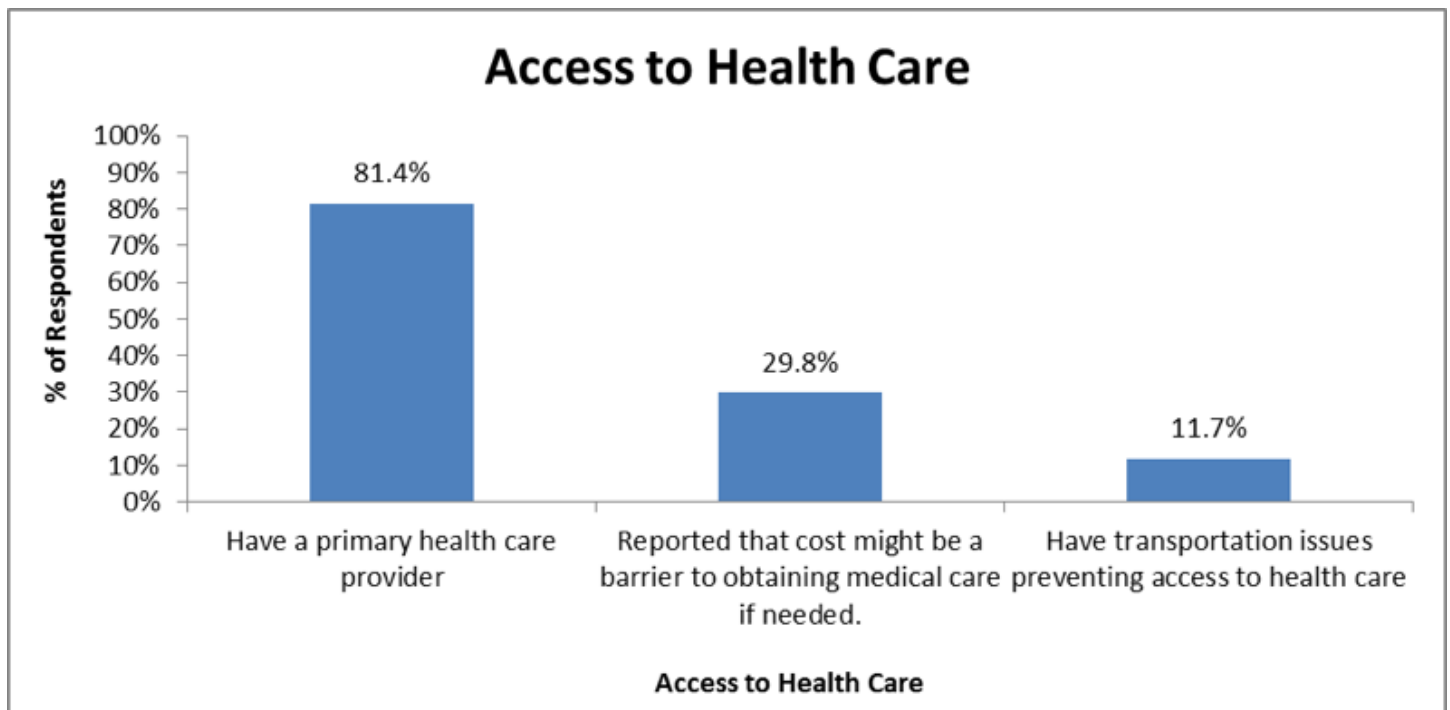
Only roughly three in four of those covered have plans that include mental health (74.3%), immunizations (78.2%), vision (74.3%), preventive care (73.7%) and/or dental (75.5%). Half of those covered have plans that cover alcohol and drug treatment (52.5%), and about one-third of plans cover home care (29.3%), hospice care (31.6%) and/or skilled nursing (30.3%). Most (72.2%) of those with health care coverage say their plans can also include their spouses. Fewer (59.8%) say their children can be or are covered under their own plan.

FIGURE 5: PERCENT OF ADULTS WITH HEALTH COVERAGE IN MARKET AREA, 2012



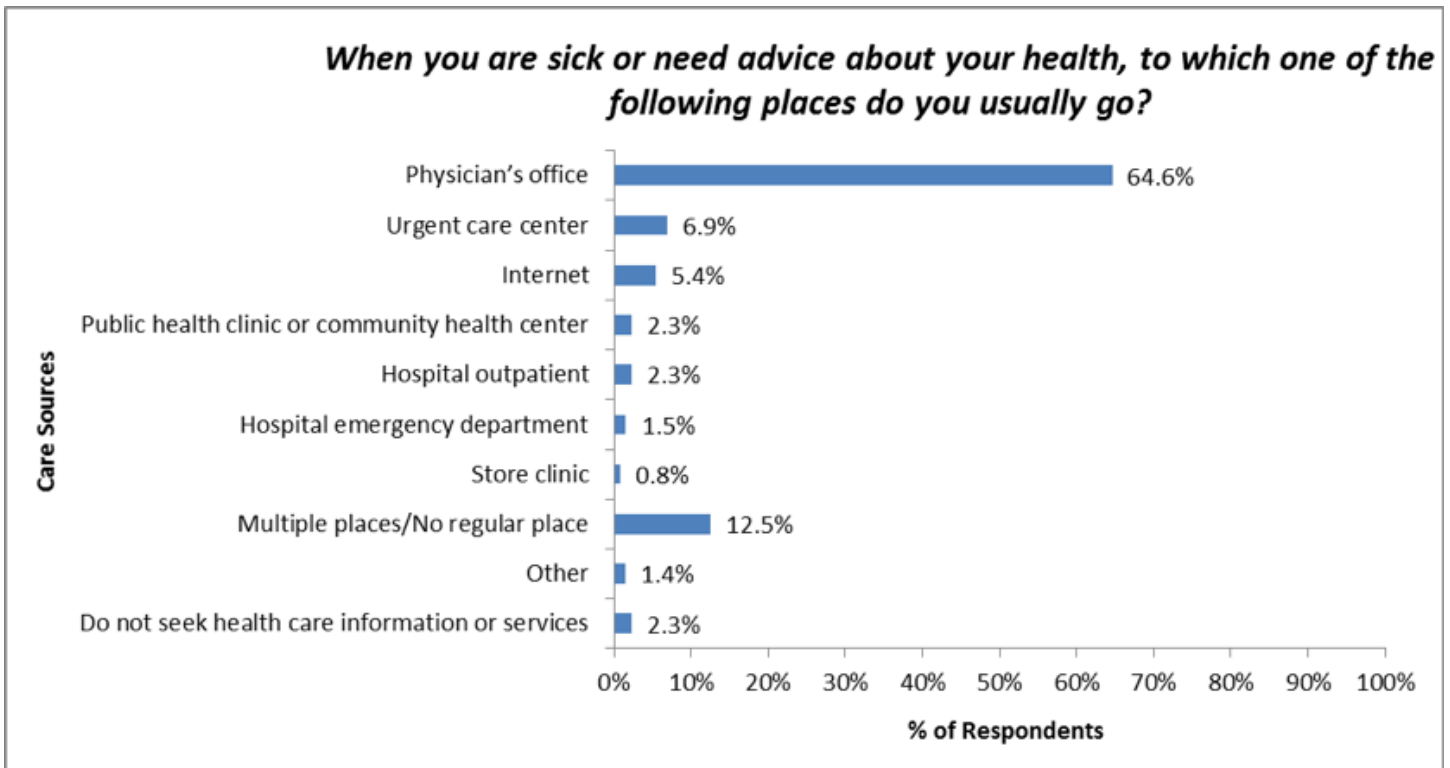
Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

FIGURE 6: ACCESS TO HEALTH CARE



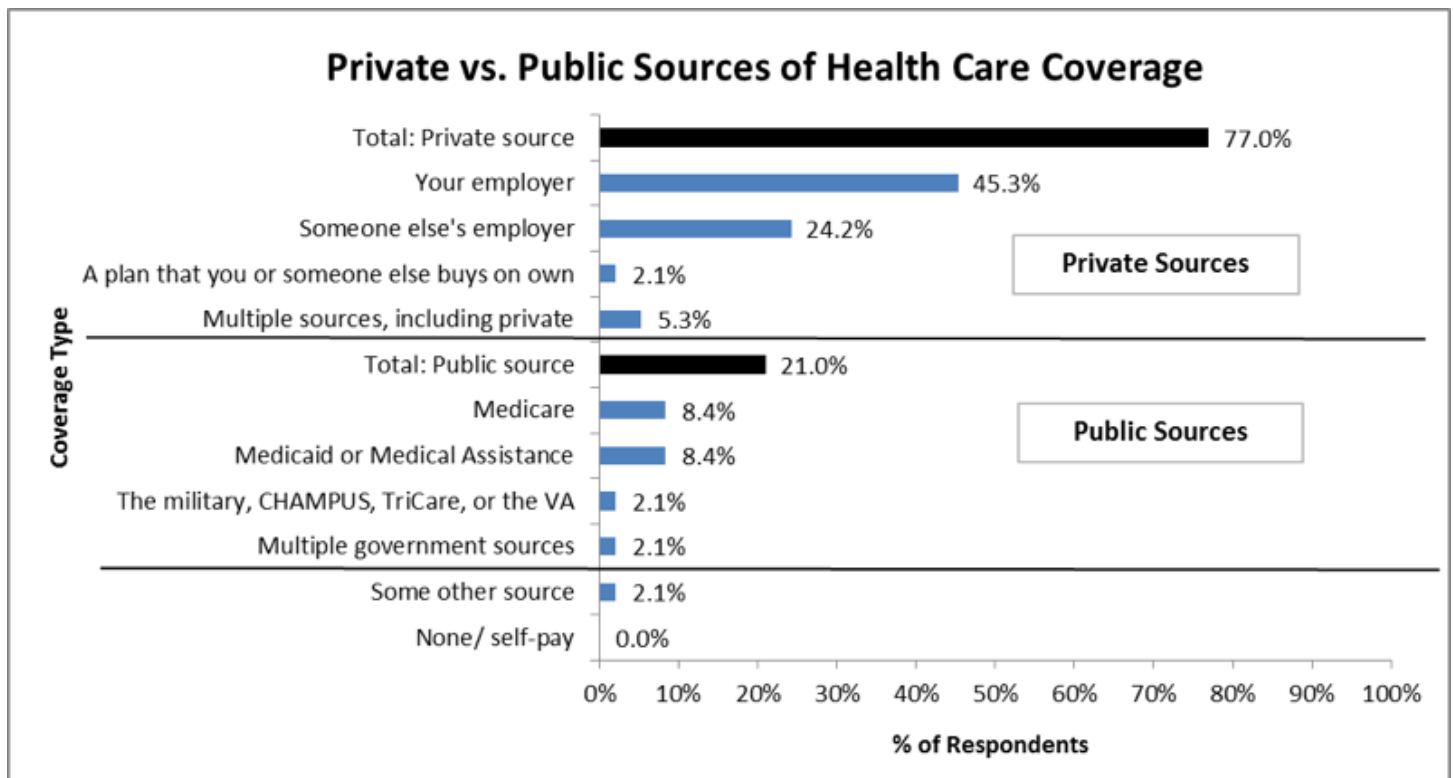
Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

FIGURE 7: ACCESS TO CARE: SPECIFIC SOURCES OF CARE



Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

FIGURE 8: SOURCE OF HEALTH CARE COVERAGE



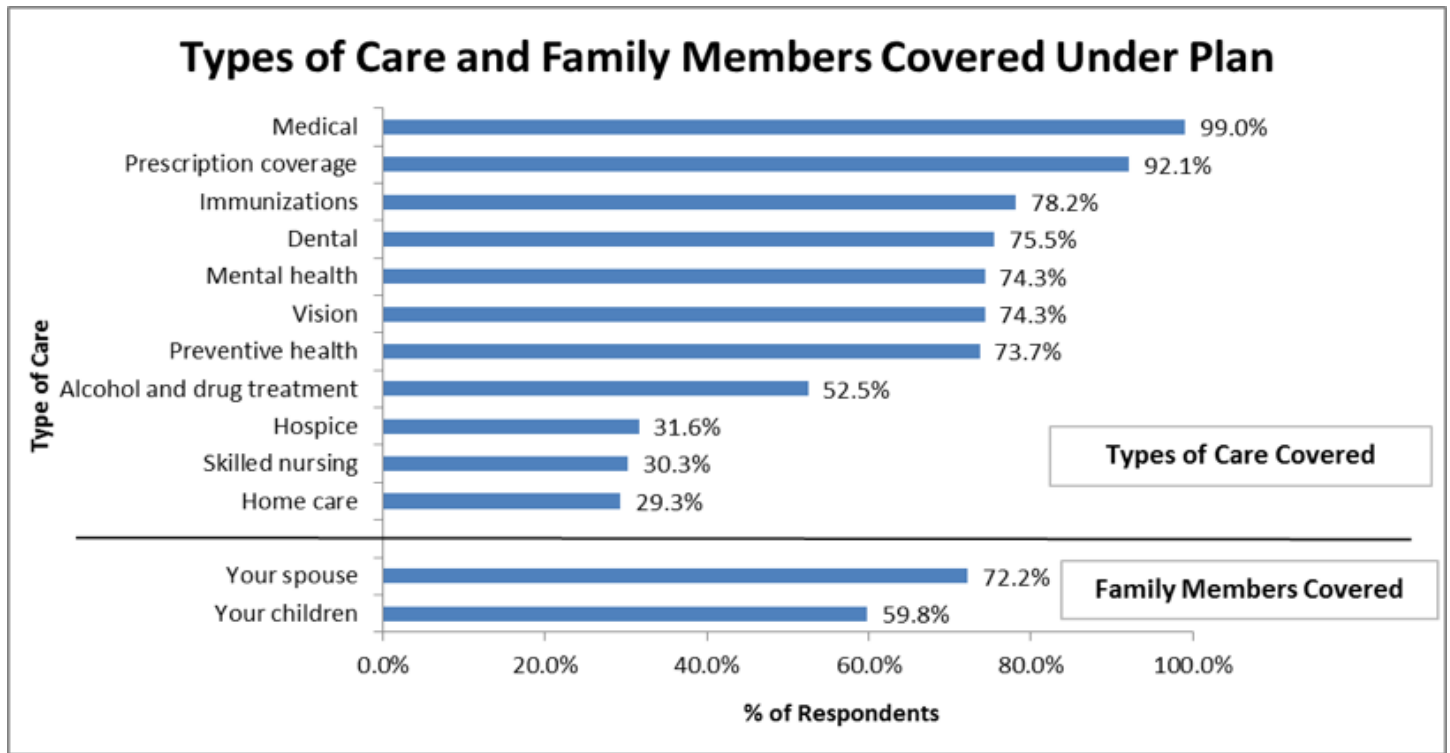
Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

TABLE 18: REASON FOR NO HEALTH CARE COVERAGE

	Of All in UH Parma Medical Center's Market Area (n=147)
Lost job or changed employers	14.4%
Employer doesn't/stopped offering coverage	5.9%
Became a part-time or temporary employee	5.1%
Couldn't afford to pay the premiums	3.4%
Became ineligible (aged out or left school)	2.5%
Insurance company refused coverage	1.7%
Benefits from employer/former employer ran out	0.8%
Became divorced or separated	0.8%
Lost Medicaid eligibility	0.8%
Spouse or parent died	0.8%
Other	3.4%
Unsure	4.2%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

FIGURE 9: TYPE OF CARE COVERED



Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

Health Care Utilization

Cost is often a barrier to obtaining care, even for those with health care coverage. [Table 19: Would Prevent Seeking Doctor's Care \(If Needed\) Because of Cost](#) shows that within UH Parma Medical Center's market area, one-third felt that cost might be a barrier to seeking medical care when needed (29.8%). This was true among the combined group of insured and uninsured surveyed adults. However, even a large portion of those with medical coverage (23.6%) said that cost might be a barrier to seeking care. Deductibles and copays are often a barrier to seeking care.

Many reported that cost has been a barrier to seeking various specific preventive care or medical services. 23% reported that cost has been a barrier to receiving at least one of these types of medical services (not shown).

Additionally, having health care coverage does not equate to having a primary care physician. Shown in [Table 21: Percent of Adults with Primary Care Physician\(s\)](#), a great majority (81.4%) of adults in UH Parma Medical Center's market areas have a provider for primary care. Though this data cannot reliably define the proportion of adults without health care coverage who also have a primary care provider within our sample, other surveys have shown that a majority of those without health care coverage do have someone they consider their primary care provider. In 2012, those with health care coverage were somewhat more likely to have a primary care provider (85.8%) than the sample overall.

Seeking and obtaining preventive care (general medical or dental checkup) was completed by a majority of adults in UH Parma Medical Center's market area. Males were less likely to obtain prostate cancer screenings than females were to obtain breast or cervical cancer screenings.

[Table 23: Incidence of Unhealthy/Risky Behaviors: UH Parma Medical Center Primary and Secondary Market](#) shows that certain unhealthy or risky behaviors are fairly prevalent among adults in UH Parma Medical Center's market area.

The survey found that 27.9% of those within UH Parma Medical Center's market area were smokers at the time of the survey in 2012. The Centers for Disease Control and Prevention reported that about one in five adults in Cuyahoga County were smokers in 2014. In addition, 10.2% reported using illicit drugs recreationally and 8% reported using medications (prescribed for others) recreationally. Recall that a large percentage of UH Parma Medical Center patients (14.5% of adults) had a secondary diagnosis of nondependent drug abuse.

A significant proportion of households in UH Parma Medical Center's market area either store a firearm which is not locked (9.2%), is loaded (6.9%), or is both unlocked and loaded (3.1%). Almost one in five (16.0%) adults in UH Parma Medical Center's market area do not always wear a seat belt while driving in a vehicle.

Among the adult population, unhealthy consumption of alcohol (binge drinking) occurred two or more times for 28% of the adult population in the 30 days prior to being surveyed. 16% reported binge drinking (five or more drinks) at least once a week.

Although more than eight in 10 surveyed adults had obtained a medical checkup within the two years prior to the survey, for many that checkup did not include discussions about diet, exercise, injury prevention or healthy sexual practices. Likewise, most were not counseled on the importance of family history as it relates to health or their immunization status. More than one-third (34.3%) of smokers have never been counseled by a medical professional on the importance of quitting smoking.

[Table 24: Health Care Providers' Communication of Key Health Supporting Behaviors, UH Parma Medical Center Primary and Secondary Market Areas](#) illustrates communication between physicians and patients. While obesity was very common among those hospitalized at UH Parma Medical Center in 2013 (20%), not all of those who are obese have had discussions with a health care providers about that health condition. In fact, 37% of overweight or obese adults in UH Parma Medical Center's market areas have never been counseled by health care professionals regarding their weight (not shown).

Recall that almost one in five of UH Parma Medical Center's adult discharged patients in 2013 had a primary diagnosis of coronary heart disease. Another 56% had a secondary diagnosis of coronary heart disease. 6% had a primary diagnosis of COPD. Both of these conditions are strongly tied to lifestyle choices.

TABLE 19: WOULD PREVENT SEEKING DOCTOR'S CARE (IF NEEDED) BECAUSE OF COST

	Total Market
Of All Respondents (Those With And Without Coverage)	29.8%
Of Those With Health Care Coverage	23.6%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

TABLE 20: PERCENT OF ADULTS WHO HAVE NOT OBTAINED PREVENTIVE CARE PROCEDURES OR OTHER MEDICAL SERVICES BECAUSE OF COST

	Total Market
Mammogram (females)	16.2%
Pap smear test (females)	14.6%
Medications	10.6%
Colonoscopy	7.3%
PSA test (males)	4.8%
Weight loss program	5.2%
Smoking cessation	4.1%
Mental health treatment	4.1%
Immunizations	4.1%
Surgery	2.4%
Alcohol and drug treatment	1.6%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

TABLE 21: PERCENT OF ADULTS WITH PRIMARY CARE PHYSICIAN(S)

	Total Market
Of All Respondents (Those With And Without Coverage)	81.4%
Have Health Care Coverage	85.8%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

TABLE 22: INCIDENCE OF RECEIVING ROUTINE HEALTH CARE: UH PARMA MEDICAL CENTER
PRIMARY AND SECONDARY MARKET

Type of Routine Health Care Service	Percent
Obtained routine checkup within past two years	84.4%
Visited a dentist for a routine checkup within past two years	63.1%
Recent cholesterol check (within past year)	70.2%
Recent blood pressure check (within past year)	89.2%
Received flu vaccine (within past year)	59.7%
Recent mammogram (females only, within past year)	43.3%
Recent clinical breast exam (females only, within past year)	56.7%
Recent Pap smear (females only, within past year)	37.3%
Recent Prostate-Specific Antigen test (males only, within past year)	24.1%
Recent digital exam of prostate gland (males only, within past year)	31.0%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

TABLE 23: INCIDENCE OF UNHEALTHY/RISKY BEHAVIORS: UH PARMA MEDICAL CENTER
PRIMARY AND SECONDARY MARKET

Type of Unhealthy/Risky Behavior	Percent
Smoke cigarettes	27.9%
Used recreational drugs within past six months	10.2%
Have firearm(s) in home which is unlocked/loaded	9.2%/6.9%; 3.1% have firearm(s) both unlocked and loaded
Do not always wear seat belt while in vehicle	16.0%
Binge drinking, two or more times a month (within past 30 days)	28.0%
Binge drinking once a week or more	16.4%
Driving a vehicle after consuming alcohol (within past 30 days)	12.0%
Recreational use of medications prescribed for others or obtained illegally	8.0%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

TABLE 24: HEALTH CARE PROVIDERS' COMMUNICATION OF KEY HEALTH SUPPORTING BEHAVIORS, UH PARMA MEDICAL CENTER PRIMARY AND SECONDARY MARKET AREAS

	Within Past Year	Before Past Year	Never
Your diet or eating habits	31.0%	20.3%	48.4%
Physical activity or exercise	30.7%	18.9%	50.4%
Injury prevention such as safety belt use, helmet use or smoke detectors	6.3%	7.0%	86.7%
Sexual practices, including family planning, sexually transmitted diseases, AIDS or the use of condoms	8.7%	11.9%	79.4%
Depression, anxiety or emotional problems	13.4%	19.7%	66.9%
Significance of family health history	13.3%	21.9%	64.8%
Immunizations	28.9%	13.3%	57.8%
Quitting tobacco use (current smokers only)	40.0%	25.7%	34.3%

Source: Hospital Council of Northwest Ohio Community Health Needs Assessment Data

H. Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. Data at the ZIP code level (and hence hospital market area) are not available; only data at the county level are available.

Shown in [Table 25: Infant Mortality Trends, 2007 to 2012, U.S., Cuyahoga and Surrounding Counties, Per 1,000 Births*](#) and [Figure 10: Infant Mortality Trends](#), the infant mortality rate per 1,000 births in Cuyahoga County (8.86) was somewhat higher than Ohio overall (7.57) in 2012, but significantly higher than that in the United States overall (5.98). Infant mortality rates in 2012 for Medina County were lower (6.4) than Cuyahoga County, Ohio and U.S. levels in 2012. Infant mortality rates in Summit County (6.67) were slightly higher than those in Medina County, but not as high as rates in Cuyahoga County.

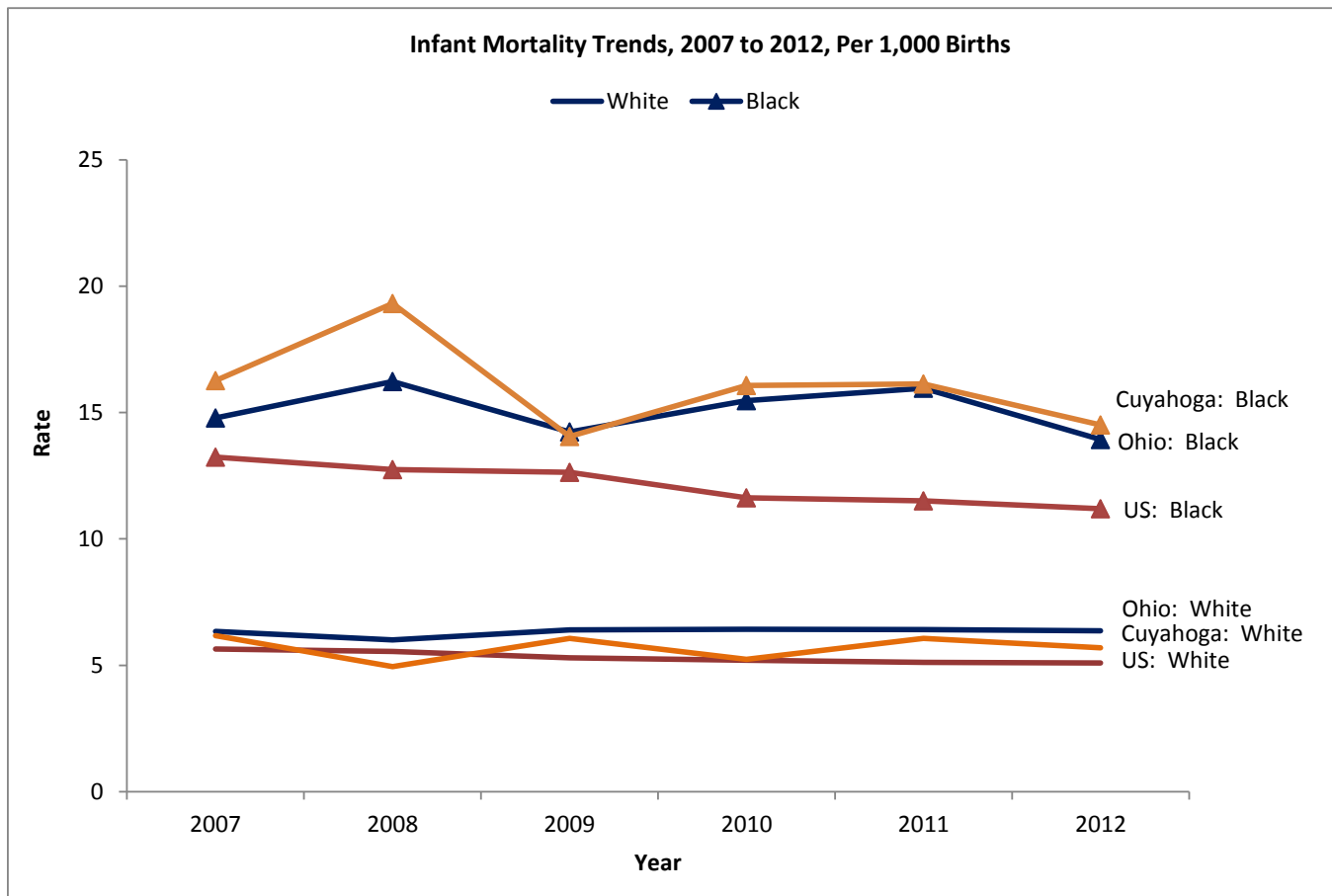
Historically, infant mortality rates for Blacks have been significantly higher in the U.S. In fact, according to the most recently available data, infant mortality rates for Blacks were almost twice as high as infant mortality rates for Whites in 2012. This disparity is also true for Cuyahoga County and Summit counties. Birth rates to Black mothers have been too low in Medina County to report this statistic regularly. In 2012, the infant mortality rate for Blacks was 64% higher than for Whites in Cuyahoga County, and 94% higher for Blacks in Summit County compared to Whites.

TABLE 25: INFANT MORTALITY TRENDS, 2007 – 2012, U.S., LORAIN COUNTY AND SURROUNDING COUNTIES, PER 1,000 BIRTHS*

Geography	Race	Infant Mortality Rate						Number of Births					
		'07	'08	'09	'10	'11	'12	'07	'08	'09	'10	'11	'12
United States Overall	Total	6.75	6.61	6.39	6.15	6.07	5.98	4,316,233	4,247,694	4,130,665	3,999,386	3,953,590	3,952,841
	White	5.64	5.55	5.3	5.2	5.12	5.09	3,336,626	3,274,163	3,173,293	3,069,315	3,020,355	2,999,820
	Black	13.24	12.74	12.64	11.63	11.51	11.19	675,676	670,809	657,618	636,425	632,901	634,126
Ohio Overall	Total	7.71	7.7	7.67	7.68	7.87	7.57	150,784	148,592	144,569	139,034	138,024	138,284
	White	6.34	6	6.4	6.42	6.41	6.37	121,267	118,901	115,328	107,189	104,906	106,004
	Black	14.79	16.23	14.23	15.47	15.96	13.93	25,959	26,131	25,433	23,469	23,252	23,696
Cuyahoga County	Total	9.97	10.59	9.08	9.07	9.47	8.86	16,450	16,249	15,525	15,108	14,993	14,787
	White	6.17	4.95	6.06	5.23	6.06	5.69	9,233	9,092	8,746	7,842	7,750	7,554
	Black	16.27	19.32	14.05	16.07	16.13	14.51	6,576	6,573	6,192	5,912	5,829	5,789
Medina County	Total	3.06	5.31	1.08	0.57	3.39	6.4	1,963	1,884	1,844	1,752	1,768	1,719
	White	3.18	5.49	1.12	0.6	2.96	6.74	1,888	1,822	1,779	1,676	1,692	1,632
	Black	0	0	0	0	29.41	0	46	33	30	21	34	37
Summit County	Total	6.23	7.49	7.57	8.04	8.91	6.67	6,738	6,279	6,342	6,096	6,174	6,145
	White	5.63	5.97	6.3	6.77	7.08	5.58	5,152	4,688	4,746	4,429	4,520	4,482
	Black	7.97	13.57	12.29	12.08	15.87	10.84	1,380	1,400	1,383	1,342	1,323	1,292

*Source: Ohio Department of Health

FIGURE 10: INFANT MORTALITY TRENDS



I. Incidence of Health Issues

Many of the surveyed adults within UH Parma Medical Center's market area have been diagnosed with a chronic disease. 16% have been diagnosed with asthma, 34.4% have been diagnosed with arthritis and 10.7% have been diagnosed with diabetes.

Also, 9.1% of adults in UH Parma Medical Center's market area have a known circulatory disease (heart attack/myocardial infarction, angina, stroke).

Previous diagnosis of and/or treatment for mental health issues was reported by 15.6% of adults in UH Parma Medical Center's market area in 2012. Many (12.3%) reported a bout of depression (lasting two or more weeks) within the year prior to the survey.

High blood pressure impacts about one-third (40.0%) of those in UH Parma Medical Center's market area, as do high blood cholesterol levels (40.5%). One in five (19.8%) adults within UH Parma Medical Center's market area have both high blood pressure and high cholesterol levels.

Many adults within UH Parma Medical Center's market area have also been impacted by these serious health events:

- 1% have been a victim of some type of abuse (physical, sexual, financial and/or emotional) within the past year;
- 12% have had a cancer diagnosis at some point.

Prostate and breast are the two most common cancer diagnoses in Cuyahoga County, shown in [Table 26: Cancer Incidence by Cancer Type](#). Note that prostate cancer and cervical cancer rates in Cuyahoga County are higher than rates in the U.S. and in Ohio. Lung cancer rates are low in Cuyahoga County compared to Ohio, but higher than U.S. rates.

Finally, many adults in UH Parma Medical Center's market areas are subject to major life stressors:

- 25% of adults lack a support system such as child care back-up, financial assistance, etc.
- 67% experienced some type of major stressful event within the past year (household member death, hospitalized or jailed; job loss; homelessness; changed residences; self or child was slapped or hit; household member abused drugs or alcohol).

TABLE 26: CANCER INCIDENCE BY CANCER TYPE

Cancer Type	Report Area	Total Population	Average New Cases per Year	Annual Incidence Rate (Per 100,000 Population)
Prostate Cancer (total population, male only)	Cuyahoga County	609,670	1,076	156
	Ohio	5,624,513	8,272	135.8
	United States	150,740,224	220,000	142.3
Breast Cancer (total population, female only)	Cuyahoga County	675,609	1,107	129.7
	Ohio	5,901,023	8,435	120
	United States	155,863,552	216,052	122.7
Lung	Cuyahoga County	1,285,279	1,143	71.5
	Ohio	11,525,536	9,551	72.4
	United States	306,603,776	212,768	64.9
Colon and Rectum	Cuyahoga County	1,285,279	709	44.2
	Ohio	11,525,536	5,862	44.5
	United States	306,603,776	142,173	43.3
Cervical (total population, female only)	Cuyahoga County	675,609	61	8.3
	Ohio	5,901,023	471	7.7
	United States	155,863,552	12,530	7.8

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. Source geography: County

J. Vulnerable Populations

Medically Underserved Areas, Federally Qualified Health Centers and Food Deserts

Medically underserved areas/populations (MUAs/MUPs) are areas or populations designated by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) as having insufficient primary care providers, a high infant mortality rate, high poverty or a high elderly population. Within UH Parma Medical Center's market areas, there are several MUA/MUPs designated by HRSA.

Federally Qualified Health Centers (FQHCs) are community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status. There are four FQHCs within UH Parma Medical Center's market areas.

In addition, pinpointing food desert locations in a hospital's service area can help to identify areas with insufficient access to healthy and affordable food. According to the U.S. Department of Agriculture, food deserts are defined as "urban neighborhoods and rural towns without ready access to fresh, healthy and affordable food." Rather than having grocery stores in these communities, there may be no food access or limited access to healthy, affordable food options. The Food Desert Locator, created by the U.S. Department of Agriculture's Economic Research Service, is a web-based mapping tool that pinpoints food desert locations in the U.S. There are multiple census tracts within UH Parma Medical Center's market area which are designated as food deserts.

Figure 11: Medically Underserved Areas/Populations, FQHCs and Food Deserts: UH Parma Medical Center overlays medically underserved areas and food deserts in UH Parma Medical Center's market areas and beyond to determine areas that may have the highest need for services. To provide further context, the map also pinpoints the location of FQHCs.

FIGURE 11: MEDICALLY UNDERSERVED AREAS/POPULATIONS, FQHCS AND FOOD DESERTS: UH PARMA MEDICAL CENTER

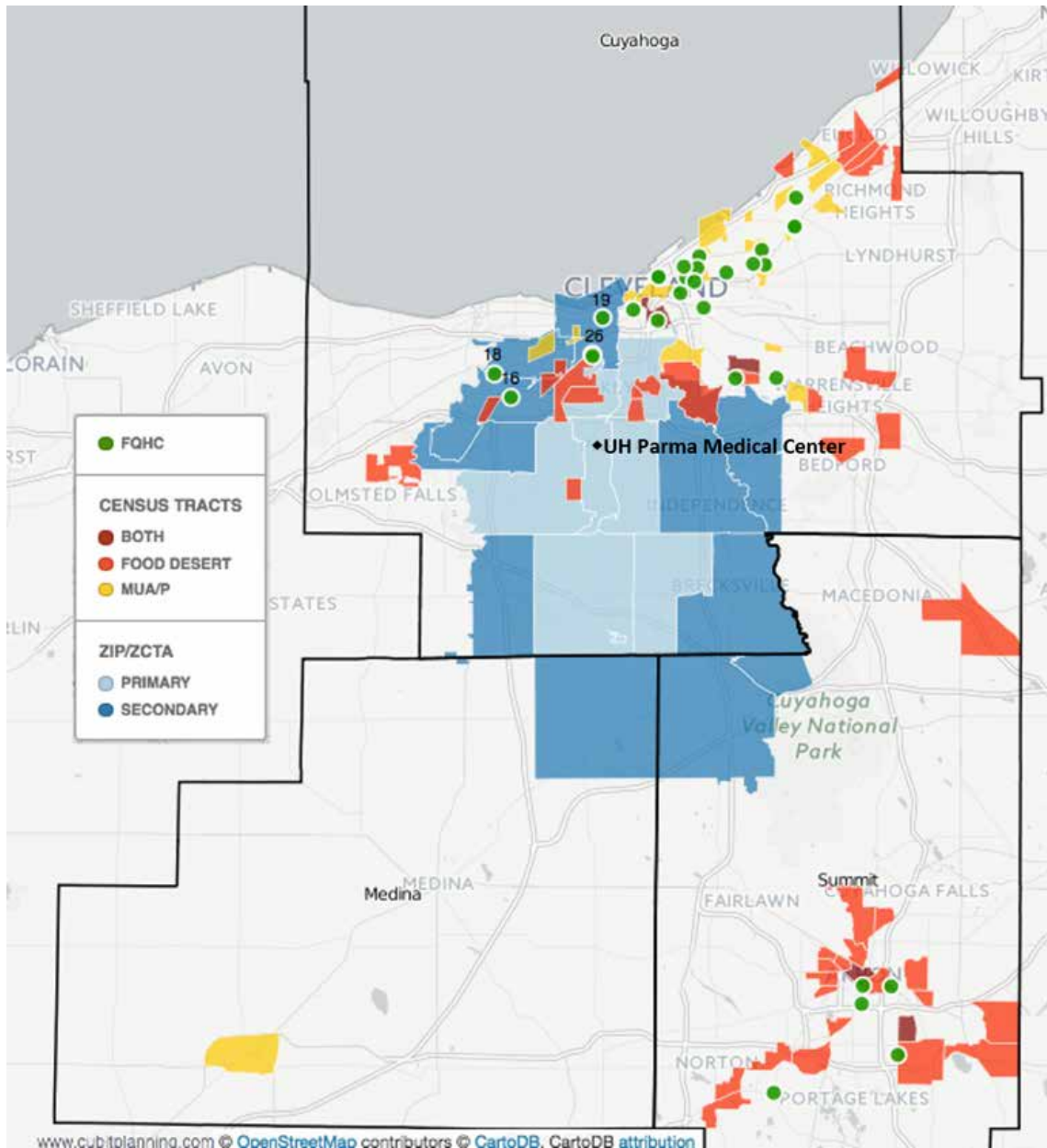


TABLE 27: FQHCS IN UH PARMA MEDICAL CENTER'S MARKET AREAS

Map Code	FQHC Name and Address
16	Neighborhood Family Practice at Puritas, 14037 Puritas Avenue A & D, Cleveland
18	Centers West Office Health Center, 3929 Rocky River Drive, Cleveland
19	Detroit Shoreway Health Center, 6412 Franklin Boulevard, Cleveland
26	Neighborhood Health Care, Inc. Administrative Annex, 3600 Ridge Road, Brooklyn

ACS Analysis of Vulnerable Populations

Revisiting the ACS data can provide further insight into the level of access to health care for vulnerable populations. Details of this analysis can be found in the Appendix. In sum, there was a slightly higher prevalence of ACS conditions among Black residents (18.3%) of UH Parma Medical Center's market area (from all area hospitals) compared to White residents (17.5%). This suggests there could be a racial disparity in terms of access to primary care within UH Parma Medical Center's market area.

However, this varies by specific ACS diagnoses for residents of UH Geauga Medical Center's market area. The ACS diagnoses of diabetes, epilepsy and asthma were higher among Blacks. The ACS diagnoses of bacterial pneumonia, COPD, cellulitis and kidney/urinary infections were higher among Whites.

Overall, there was a slightly higher prevalence of ACS conditions among residents of UH Parma Medical Center's market area (from all area hospitals) among Blacks (18.3%) than Whites (17.5%). This difference is small, but does warrant concern that there is a racial disparity between Blacks and Whites in terms of access to primary care in UH Parma Medical Center's market area.

However, this varies by specific ACS diagnoses among residents of UH Parma Medical Center's market area. The ACS diagnoses of diabetes, epilepsy and asthma were higher among Blacks. The ACS diagnoses of bacterial pneumonia, COPD, cellulitis and kidney/urinary infections were higher among Whites.

CONCLUSIONS

A. Priority Health Needs

The list that follows describes the health issues identified through the assessment.

Health Disparities

- Aging Population
- High Poverty Rates
- High Rates of Unemployment
- Infant Mortality

Chronic Disease Conditions

- Heart Disease
- Cancer
- Alzheimer's (cognitive impairment)
- Diabetes
- Respiratory Diseases
- Mental Illness

Lifestyle Barriers

- Obesity
- Tobacco/Drug/Alcohol Abuse
- Chronic Stress

Access Barriers

- Lack of Insurance
- Cost of Care
- Transportation Barriers
- Food Deserts
- Access to Primary Care
- Access to Bilingual Providers
- Access to Mental Health Care

This list of health needs was compiled based on the variety of data assessed throughout this report. For example, issues like congestive heart failure and diabetes were found prevalently throughout the data sets; including in hospital discharge data, Hospital Council of Northwest Ohio Community Health Needs Assessment Data, and qualitative data collected through surveys and public health interviews.

Health needs were categorized into four primary categories of health needs, which encompassed a broader list of specific, related needs.

The prioritization process included input from hospital leaders who work closely with the community and have an in-depth understanding of community needs. After reviewing the primary and secondary data analysis for the UH Parma Medical Center service area, a team of leaders from the hospital assembled to determine priority health needs. This team included:

1. Nancy Tinsley, RN, MBA, FACHE, President, UH Parma Medical Center
2. Leigh Ann McCartney, RN, MBA, Director of Operations, UH Parma Medical Center
3. Kathi O'Connor, Vice President, Operations, UH Parma Medical Center
4. Joe Toth, Manager, UH EMS Training & Disaster Preparedness Institute, UH Parma Medical Center
5. Mary Beth Talerico, MBA, ACHE, Community Outreach Coordinator, UH Parma Medical Center

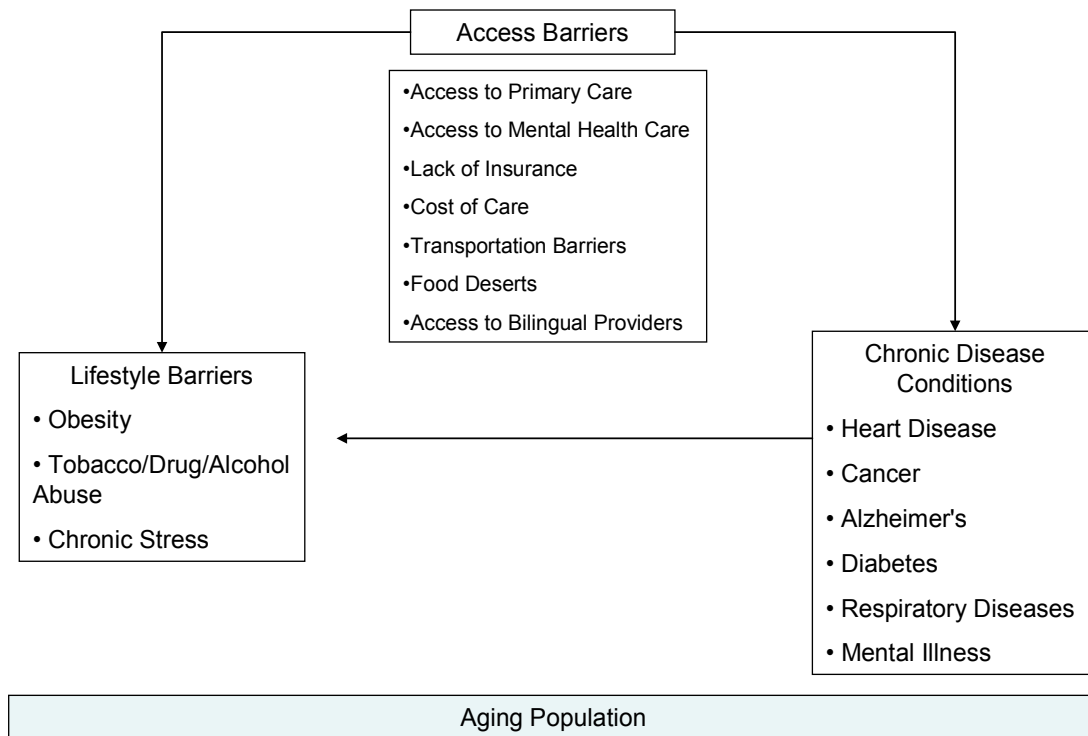
The team met in July 2015 and together determined a set of criteria from which to select priorities. This criteria included: (1) magnitude of the problem, (2) alignment of the problem with organizational strengths and priorities, and (3) existing resources to address the problem. Feedback from external community leaders, as described in the Qualitative Data Analysis section of this report, was a driving factor in this prioritization process as well.

UH Parma Medical Center is establishing a new Primary Care Institute and as such has framed CHNA priorities around issues related to health care access. Captured within that framework are the health needs listed under:

1. Chronic Disease Conditions
2. Lifestyle Barriers
3. Access Barriers

Additionally, significant portions of the community served by UH Parma Medical Center are seniors. The health needs associated with an aging population have become increasingly important considerations.

Taken together, the intersection of a focus on increasing health care access through the lens of increasing access to primary care, and focus on the aging population, will promote an emphasis on diagnosing and treating chronic disease conditions and reducing the prevalence of lifestyle factors like obesity and smoking. The chart below illustrates UH Parma Medical Center's approach to prioritization, with Access Barriers as the focal point, influencing Lifestyle Barriers and Chronic Disease Conditions, with an emphasis on the aging population.



B. Resources Available to Address Priority Health Needs Within the Community Served by the Hospital

The following is a list of available facilities and resources that the hospital uses to assist in meeting identified community health needs:

ADAMHS Board of Cuyahoga County	Narcotics Anonymous
Age Well Be Well	Neighborhood Family Practice
Al-Anon/AlaTeen Support Groups	Neighborhood Leadership Institute
Alcoholics Anonymous	North Coast Health Ministry
American Lung Association	Northeast Ohio Coalition for the Homeless (NEOCH)
Behavioral Center for Older Adults	Ohio Dietetics Association
Bellefaire JCB	ORCA House
Benjamin Rose Institute on Aging	Pain Center Navigators
Catholic Charities Services of Cuyahoga County	Parma Area Collaborative
Center for Families and Children	Parma Health Ministry
Cleveland Food Bank	Physician referral line
Cuyahoga County Board of Health	Primary Care Physician List
DARE	Project C.A.S.C.A.D.E.
Dennison Help Center	Project Search
Diabetes Partnership of Cleveland	Recovery Resources
Exercise classes/programs	Safe Routes To School
Farm to School Programs	Salvation Army
Food Addicts Anonymous	Senior Driving Assessments
Free Health Screenings	Suicide Prevention Alliance
Free Medical Clinic of Greater Cleveland	Transportation
Glenbeigh	UH Parma Medical Center Farmers' Market
Greater Cleveland Metroparks	United Way
Harbor Light	Vaccination clinics
Healthy Kids, Healthy Weight™	Visiting Nurses Association
Hitchcock Center for Women	Weight Watchers
Homerun Vans	Weight-loss educational seminars
Jenny Craig weight loss program	West Side Community Mental Health
Local Police Departments	Western Reserve Area Agency on Aging
Matt Talbot Inn for Med	WIC Program
McIntyre Foundation	Windsor-Laurelwood
Murtis Taylor Human Services System	YMCA

APPENDIX

A. Qualifications of Consulting Companies

The Center for Health Affairs, Cleveland, Ohio

The Center for Health Affairs is the leading advocate for Northeast Ohio hospitals. With a rich history as the Northeast Ohio hospital association, dating back to 1916, The Center serves as the collective voice of 34 hospitals spanning six counties.

The Center recognizes the importance of analyzing the top health needs in each community while ensuring hospitals are compliant with IRS regulations governing nonprofit hospitals. Since 2010, The Center has helped hospitals fulfill the CHNA requirements contained within the Affordable Care Act. The Center offers a variety of CHNA services to help hospitals produce robust and meaningful CHNA reports that can guide a hospital's community health improvement activities. Beyond helping hospitals with the completion of timely CHNA reports, The Center spearheads the Northeast Ohio CHNA Roundtable, which brings member hospitals and other essential stakeholders together to spur opportunities for shared learning and collaboration in the region.

The 2015 CHNA prepared for UH Parma Medical Center was directed by The Center's vice president of corporate communications, managed by The Center's community outreach director and supported by a project manager. The Center engaged Cypress Research Group to provide expertise in data analysis and statistical methods.

More information about The Center for Health Affairs and its involvement in CHNAs can be found at www.chanet.org.

Cypress Research Group, Cleveland, Ohio

Founded in 1997, Cypress Research Group focuses on quantitative analysis of primary and secondary market and industry data. Industry specialties include health care, hi-tech and higher education. Since 2002, Cypress Research Group has partnered with The Center for Health Affairs to conduct a range of studies including building forecast models for nurses and most recently to analyze data for CHNAs.

UH Parma Medical Center's CHNA was directed by the company's president and supported by the work of associates and research analysts. The company's president, as well as all associates and research analysts, hold graduate degrees in relevant fields.

B. ACS Conditions and ICD-9-CM Codes

Below are the general categories of ACS conditions and their associated ICD-9-CM codes.

1. Congenital Syphilis: ICD-9-CM code 090 (newborns only).
2. Immunization-Related and Preventable Conditions: ICD-9-CM codes 033, 037, 045, 390, 391; (also including haemophilus meningitis for children ages 1-5 only, ICD-9-CM code 320.0; ICD-10-CA code G00.0).
3. Epilepsy: ICD-9-CM code 345.
4. Convulsions: ICD-9-CM code 780.3.
5. Severe ENT Infections: ICD-9-CM codes 382, 462, 463, 465, 472.1; (cases of otitis media, ICD-9-CM code 382).
6. Pulmonary Tuberculosis: ICD-9-CM code 011.
7. Other Tuberculosis: ICD-9-CM codes 012-018.
8. Chronic Obstructive Pulmonary Disease (COPD): ICD-9-CM codes 491, 492, 494, 496.
9. Acute Bronchitis: (only included if a secondary diagnosis of COPD is also present, diagnosis codes as above), ICD-9-CM code 466.0.
10. Bacterial Pneumonia: ICD-9-CM codes 481, 482.2, 482.3, 482.9, 483, 485, 486; (patients with a secondary diagnosis of sickle-cell anemia, ICD-9-CM code 282.6; and patients less than two months of age are excluded).
11. Asthma: ICD-9-CM code 493.
12. Congestive Heart Failure (CHF): ICD-9-CM codes 402.01, 402.11, 402.91, 428, 518.4.
13. Hypertension: ICD-9-CM codes 401.0, 401.9, 402.00, 402.10, 402.90.
14. Angina: ICD-9-CM codes 411.1, 411.8, 413 (patients with any surgical procedure coded are excluded).
15. Cellulitis: ICD-9-CM codes 681, 682, 683, 686 (patients with any surgical procedure coded are excluded, except for incisions of skin and subcutaneous tissue, ICD-9-CM procedure code 86.0).
16. Diabetes: ICD-9-CM codes 250.0, 250.1, 250.2, 250.3, 250.8, 250.9.
17. Hypoglycemia: ICD-9-CM code 251.2.
18. Gastroenteritis: ICD-9-CM code 558.9.
19. Kidney/Urinary Infections: ICD-9-CM codes 590, 599.0, 599.9.
20. Dehydration/Volume Depletion: ICD-9-CM code 276.5.
21. Iron Deficiency Anemia: ICD-9-CM codes 280.1, 280.8, 280.9.
22. Nutritional Deficiencies: ICD-9-CM codes 260, 261, 262, 268.0, 268.1.
23. Failure to Thrive: ICD-9-CM code 783.4; ICD-10-CA code R62 (patients less than one year of age only).
24. Pelvic Inflammatory Disease: ICD-9-CM code 614; ICD-10-CA codes N70, N73, N99.4 (female patients only, patients with a hysterectomy procedure coded are excluded, ICD-9-CM procedure codes 68.3-68.8).
25. Dental Conditions: ICD-9-CM codes 521, 522, 523, 525, 528.

C. Vulnerable Populations Analysis

It is well established that access to medical care and health outcomes are weaker in the lowest income areas throughout the U.S. To shine a light on this problem and help policymakers properly allocate resources, HRSA identified Medically Underserved Areas/Populations (MUA/Ps). Currently there are several MUA/Ps identified within UH Parma Medical Center's market area (see body of report).

However, discharge data can also be examined to look for potential health care access issues among economically vulnerable populations in terms of ambulatory care sensitive (ACS) cases. An earlier analysis showed that UH Parma Medical Center's inpatient discharges, as a group, had a fairly high prevalence of ACS cases in 2013 (30.0%). For Cuyahoga County, Medina and Summit counties, however, there were significantly lower levels of ACS cases (18.7%, 16.8%, and 18.1%, respectively). Race can be used as a proxy for socioeconomic status in the hospital's market area because it is known that socioeconomic status is related to race in the area surrounding UH Parma Medical Center.

Shown in Table 28: Poverty Levels, by Race, Cuyahoga and Surrounding Counties, 2013*, in Cuyahoga, Medina and Summit counties, Blacks are at least roughly three times more likely to live in poverty than Whites.

There are not socioeconomic indicators associated with hospital discharge data, but looking at the association between race and hospital discharge findings can illuminate possible health care access issues within the economically vulnerable areas UH Parma Medical Center serves.

Table 29: Most Common* ACS Conditions, by County, White versus Black Discharges, 2014 shows the prevalence of ACS conditions by race for those admitted to any hospital for those who live in UH Parma Medical Center's market area. Discharges from UH Parma Medical Center on its own do not provide an accurate picture of this data because the number of racial minorities is too low for reliable analysis. Instead, ACS discharge rates overall and primary diagnoses for those in Cuyahoga, Summit and Medina counties in 2014 are shown.

Overall, there was a slightly higher prevalence of ACS conditions among residents of UH Parma Medical Center's market area (from all area hospitals) among Blacks (18.3%) than Whites (17.5%). This difference is small, but does warrant concern that there is a racial disparity between Blacks and Whites in terms of access to primary care in UH Parma Medical Center's market area.

However, this varies by specific ACS diagnoses among residents of UH Parma Medical Center's market area. The ACS diagnoses of diabetes, epilepsy and asthma were higher among Blacks. The ACS diagnoses of bacterial pneumonia, COPD, cellulitis and kidney/urinary infections were higher among Whites.

TABLE 28: POVERTY LEVELS, BY RACE, CUYAHOGA AND SURROUNDING COUNTIES, 2013*

Geography	Percent Below Poverty Level	
	White	Black
Cuyahoga County, Ohio	11%	33.5%
Medina County, Ohio	6.8%	33.3%
Summit County, Ohio	11.4%	33.8%

Source: U.S. Census Bureau, American Community Survey 2013 5-year Estimates (Table: S1701)

TABLE 29: MOST COMMON* ACS CONDITIONS, BY COUNTY, WHITE VERSUS BLACK DISCHARGES, 2014

Discharges from All Hospitals

	UH Parma Medical Center Market Area		Cuyahoga County		Summit County		Medina County	
	White	Black	White	Black	White	Black	White	Black
Number of discharges:	52,869	7,747	110,424	68,358	36,986	9,715	16,337	226
No ACS Condition as Primary Diagnosis*	82.5%	81.7%	83.5%	81.1%	85.4%	84.1%	86.5%	78.8%
ACS Condition as Primary Diagnosis, Total	17.5%	18.3%	16.5%	18.9%	14.6%	15.9%	13.5%	21.2%
Congestive Heart Failure (CHF)	3.2%	3.3%	3.1%	3.7%	2.8%	3.7%	2.6%	2.7%
Bacterial Pneumonia	2.4%	1.9%	2.3%	2.0%	2.2%	1.8%	2.3%	2.7%
Chronic Obstructive Pulmonary Disease (COPD)	2.5%	2.0%	2.2%	1.9%	1.8%	1.3%	1.3%	1.3%
Asthma	1.4%	3.5%	1.2%	3.2%	0.8%	1.3%	0.8%	3.5%
Cellulitis	2.9%	1.5%	2.5%	1.3%	2.1%	1.4%	1.9%	0.9%
Diabetes	1.2%	1.5%	1.0%	2.0%	1.0%	2.1%	1.1%	5.8%
Epilepsy	0.6%	1.0%	0.6%	1.0%	0.5%	0.8%	0.5%	1.3%
Kidney/Urinary Infections	1.8%	1.1%	1.9%	1.3%	1.9%	1.5%	1.4%	0.0%

*This refers to any ACS condition. Only the most prevalent ACS conditions are shown in the table.

D. 2014 – 2016 Implementation Strategy Objectives

A. Adult and Youth Obesity

- UH Parma Health Education Center – The Hospital will continue to offer classes at the Health Education Center to community members at low cost. Classes change quarterly and consist of exercise, healthy eating options and lifestyle programs. Youth, adults and the elderly are the target audiences. Health screenings will continue to be offered at the Health Education Center to community members and are free of charge or reduced cost. Blood pressure, bone density and cholesterol screenings are performed monthly. (STATUS: Ongoing)
- UH Healthy Kids, Healthy Weight™ Program – A physician-supervised weight loss program for children 4 – 18 years of age, will continue to be offered at the Health Education Center. It is held once per week throughout the year, and is free of charge. (STATUS: Ongoing)
- HealthiHer Program – A comprehensive health and wellness program offered to women in the community on a continuous basis. The target audience is women 35 – 55 years of age but all are welcome. Regular emails containing health and wellness information are sent to the members. The program is free of charge. (STATUS: Ongoing)
- Meals on Wheels – The Hospital will continue to supply food for the elderly in its service areas via Meals on Wheels. This program delivers therapeutic, healthy meals to senior citizens in the community who register through their cities. The meals are provided once a day, five days a week at a low charge. (STATUS: Ongoing)
- Farmers' Market – The Hospital hosts a farmers' market from July through September of each year. The market consists of local farmers selling fresh fruit and vegetables, and is open to the entire community. (STATUS: Ongoing)
- Community Walking Program – Starting in May 2014, the Hospital encourages and facilitates community fitness by hosting a weekly community walking program called "Walk on Wednesdays" (W.O.W.). The program runs for eight weeks and is located at a nearby park where UH Parma Medical Center purchased fitness equipment for the park for all to use. UH Parma Medical Center collaborates with the City of Parma on this program. The program will be repeated based on community response. (STATUS: Ongoing)

B. Adult and Youth Substance Abuse

- Education of Nurses and Primary Care Providers to Identify Substance Abuse – Utilizing available resources, implementing a program/model to be used in primary care offices to increase education for physicians and staff on the identification of substance abuse and the availability of community resources for prevention and treatment. (STATUS: Ongoing)
- Develop a Community Smoking Cessation Program – Based on the Hospital's experience and success with offering a smoking cessation program to employees, it intends to expand its existing smoking cessation into the wider community. Offering this program via the Health Education Center as a class open to the public is being considered. (STATUS: Ongoing)
- Community Resource Guide – Participate in the development and distribution of community resource guides to educate and inform the community on substance abuse. Possible collaborators include United Way, Catholic Charities, Cuyahoga County Board of Health and Northeast Ohio Coalition for the Homeless. (STATUS: Ongoing)

C. Adult and Youth Mental Health Issues

As a general acute care hospital, UH Parma Medical Center does not specialize in mental health issues or possess significant mental health resources. To help the community address adult and mental health issues consistent with its capabilities, the Hospital plans to take the following actions:

- Behavioral Center for Older Adults – The Hospital will continue its Behavioral Center for Older Adults, an inpatient program which delivers comprehensive mental health assessments, individual and group therapy, medication management, and patient and family education to people 55 years of age and older who are experiencing serious emotional and/or mental health difficulties. (STATUS: Ongoing)
- Increase Awareness of Mental Health Resources – The Hospital plans to increase collaborations with local providers, churches and agencies to promote awareness of and education about locally available resources to serve community residents experiencing mental health difficulties. (STATUS: Ongoing)
- Increase Education of Mental Health Issues – The Hospital will assess the need for and ability to help organize a screening event open to the community, to increase awareness and education on suicide, depression and other mental health issues. This event would be held annually and be free of charge. (STATUS: Ongoing)

D. Health Care Access

- Support for the Parma Health Ministry – Continue providing in-kind services including space and medical services to the Parma Health Ministry, a free clinic that delivers health services to residents of Parma, Parma Heights, North Royalton and Seven Hills. Health care services are provided at no cost for the uninsured or those who are below the federal poverty level. (STATUS: Ongoing)
- Hospital Financial Assistance Program – Continue providing financial assistance through both free and discounted health care services to eligible individuals, consistent with the Hospital's financial assistance policy. This policy is intended to reduce financial considerations as a barrier to health care. (STATUS: Ongoing)
- UH Parma Medical Center Home Run Van – The Hospital will continue to operate a van which transports patients from their homes to the hospital for treatment services. The van operates five days a week and serves residents in Broadview Heights, Brooklyn, Brooklyn Heights, Brook Park, Independence, Middleburg Heights, Parma, Parma Heights, Seven Hills and parts of Cleveland. This service is for patients who cannot drive and/or do not have transportation available, and is free of charge. (STATUS: Ongoing)
- Health Screenings – The Hospital will continue to participate and support many health and wellness screening events throughout the year. Screening locations include Cuyahoga Community College, City and agency sponsored community health events. The events are free of charge and open to the community. (STATUS: Ongoing)

E. 2015 CHNA Community Leader Survey

KEY HEALTH ISSUES

1. What are the top five (5) health issues you see in your community?

- | | |
|---|--|
| <input type="checkbox"/> Access to Care/Uninsured | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Substance Abuse/Alcohol Use |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Maternal/Infant Health | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Mental Health/Suicide | |

2. Of those health issues mentioned, which one (1) is the most significant?

- | | |
|---|--|
| <input type="checkbox"/> Access to Care/Uninsured | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Substance Abuse/Alcohol Use |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Maternal/Infant Health | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Mental Health/Suicide | |

3. Please share any additional information regarding these health issues and your reasons for ranking them this way below:

ACCESS TO CARE

4. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in the area.

Residents in the area are able to access a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Residents in the area are able to access a dentist when needed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
There is a sufficient number of providers accepting Medicaid in the area	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
There is a sufficient number of bilingual providers in the area	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
There is a sufficient number of mental/behavioral health providers in the area	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Transportation for medical appointments is available to area residents when needed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

5. What are the most significant barriers that keep people in the community from accessing health care when they need it?
(Select all that apply)

- Availability of Providers/Appointments
- Basic Needs Not Met (Food/Shelter)
- Inability to Navigate Health Care System
- Inability to Pay Out-of-Pocket Expenses (Copays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language/Cultural Barriers
- Time Limitations (Long Wait Times, Limited Offices Hours, Time off Work)
- Non/No Barriers
- Other (specify):

6. Of those barriers mentioned, which one (1) is the most significant?

- Availability of Providers/Appointments
- Basic Needs Not Met (Food/Shelter)
- Inability to Navigate Health Care System
- Inability to Pay Out-of-Pocket Expenses (Copays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language/Cultural Barriers
- Time Limitations (Long Wait Times, Limited Offices Hours, Time off Work)
- Non/No Barriers
- Other (specify):

7. Please share any additional information regarding barriers to health care below:

8. Are there specific populations in this community that you think are not being adequately served by local health services?

___ Yes ___ No

9. If yes, which populations are underserved? (Select all that apply)

- Uninsured/Underinsured
- Low-income/Poor
- Hispanic/Latino
- Black/African-American
- Immigrant/Refugee
- Disabled
- Children/Youth
- Young Adults
- Seniors/Aging/Elderly
- Homeless
- None
- Other (specify):

10. In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care? (Choose one)

- Doctor's Office
- Health Clinic/FQHC
- Hospital Emergency Department
- Walk-in/Urgent Care Center
- Don't Know
- Other (specify):

11. Please share any additional information regarding uninsured/underinsured individuals and underserved populations below:

12. Related to health and quality of life, what resources or services do you think are missing in the community?
(Select all that apply)

- Free/Low-Cost Medical Care
- Free/Low-Cost Dental Care
- Primary Care Providers
- Medical Specialists
- Mental Health Services
- Substance Abuse Services
- Bilingual Services
- Transportation
- Prescription Assistance
- Health Education/Information/Outreach
- Health Screenings
- None
- Other (specify):

CHALLENGES & SOLUTIONS

13. What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease?

14. In your opinion, what is being done well in the community in terms of health and quality of life?

15. What recommendations or suggestions do you have to improve health and quality of life in the community?

CLOSING

Please answer the following demographic questions.

16. Name and Contact Information

Name: _____

Title: _____

Organization: _____

Email Address: _____

Phone Number: _____

17. Which one of these categories would you say BEST represents your community affiliation (Choose one):

- Health Care/Public Health Organization
- Mental/Behavioral Health Organization
- Nonprofit/Social Services/Aging Services
- Faith-Based/Cultural Organization
- Education/Youth Services
- Government/Housing/Transportation Sector
- Business Sector
- Community Member
- Other (specify):

18. What is your gender? ___ Male ___ Female

19. Which one of these groups would you say BEST represents your race/ethnicity?

- White/Caucasian
- Black/African-American
- Hispanic/Latino
- Asian/Pacific Islander
- Other (specify):

20. University Hospitals will be using the information gathered through these surveys to develop a community health implementation plan. Please share any other feedback you may have for them below:

F. 2015 CHNA Community Leader Interview Guide

Community Health Needs Assessment Survey Questions

Name: _____

Organization: _____

Title: _____

Date: _____

Do we have your permission to list your name in the report? _____

Questions:

1. Briefly describe the services your organization offers, and the population you serve.

2. Are your services targeted toward a particular geographical area (city, ZIP code, school, etc.)? Are they county-wide?

3. In your opinion, what is the biggest issue or concern facing the people served by your agency/in your community?
In surrounding counties? Particular age groups (0 – 17, 18 – 44, 45 – 65, 65+)?
(Note: If not health care related, what is biggest health care related issue or concern?)

4. Please share any trends seen in the following areas (and where, geographically they are occurring):

a. Demographic – changes in the size, age, racial/ethnic diversity, or other characteristics of the population (particularly those who are “vulnerable”)

b. Economic variables – their impact on health

c. Provider community – physicians, hospitals – who is taking care of the poor?

d. Health status/public health indicators (what illnesses/needs/issues are getting worse or better? Why?)

e. Access to care – why?

5. If residents are leaving the community to receive certain services, what services are not accessible locally? Why do residents need to travel for care? Are people entering the county for services? Why/from where? Particular age groups (0 – 17, 18 – 44, 45 – 65, 65+)?

6. Please discuss the kinds of problems that the people served by your agency (by community agencies) have in accessing health care, mental and behavioral health, and/or social services for themselves and/or their families? *(Prompt: In answering this question you may wish to consider the following problems – language barriers, transportation, no health insurance, lack of information on available resources, delays in getting needed care, economic constraints, and/or dissatisfaction with treatment.)*

7. What are the community organizations/assets that are or could be working to address these needs?

8. Is there capacity within your organization to serve additional clients? If not, what are the biggest barrier(s) impacting your ability to increase capacity?

9. What role do you see the hospital(s) in your area currently playing to help address the community health issues faced by the low-income people who live here?

What role do you think the hospitals in your area should play?

10. If resources were not a concern, what specific initiative(s) would you recommend to address the most pressing access or health status problems in the community? Why?

G. 2012 Cuyahoga County Health Survey

Answers Will Remain Confidential!

We need your help! We are asking you to complete this survey and return it to us within the next 7 days. We have enclosed a \$2.00 bill as a “thank you” for your time. We have also enclosed a postage-paid envelope for your convenience.

If you have any questions or concerns, please contact Deanna Moore, The Center For Health Affairs, at 216-255-3614.

Instructions:

- Please complete the survey now rather than later.
- Please do NOT put your name on the survey. Your responses to this survey will be kept confidential. No one will be able to link your identity to your survey.
- Please be completely honest as you answer each question.
- Answer each question by selecting the response that best describes you.

Thank you for your assistance. Your responses will help to make Cuyahoga County a healthier place for all of our residents.

Turn the page to start the survey →

HEALTH STATUS

1. Would you say that in general your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health **not** good?

- Number of days _____
- None
- Don't know

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health **not** good?

- Number of days _____
- one
- Don't know

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- Number of days _____
- None
- Don't know

HEALTH CARE UTILIZATION

5. How would you rate your satisfaction with your overall health care?

- Excellent
- Very good
- Good
- Fair
- Poor

6. Do you have one person you think of as your personal doctor or health care provider?

- Yes, only one – **GO TO QUESTION 8**
- More than one
- No
- Don't know

7. If you do not have a usual healthcare provider, what is the main reason you do not have one?

- Two or more usual places
- Have not needed a doctor
- Do not like/trust/believe in doctors
- Do not know where to go
- Previous doctor is unavailable/has moved
- No insurance/cannot afford
- Speak a different language
- No place is available/close enough
- Other: _____
- Don't know

8. When you are sick or need advice about your health, to which one of the following places do you usually go?

- A doctor's office
- A public health clinic or community health center
- A hospital outpatient department
- A hospital emergency room
- Urgent care center
- In-store health clinic (ex: CVS, Walmart, Giant Eagle, etc.)
- Internet
- Chiropractor
- Alternative therapies (ex: massage, hypnosis, acupuncture, etc.)
- Some other kind of place
- No usual place
- I choose not to seek advice about my health
- Don't know

9. What is the distance you travel to get to the place you usually go?

- Less than 2 miles
- 2 to 5 miles
- 5 to 10 miles
- 10 to 20 miles
- 20 to 30+ miles

10. What transportation issues do you have when you need services? **(CHECK ALL THAT APPLY)**

- No car
- No driver's license
- Can't afford gas
- Disabled
- Car does not work
- No car insurance
- Other car issues/expenses
- Limited public transportation available or accessible
- No public transportation available or accessible
- I do not have any transportation issues

11. In the past 12 months, have you chosen to go outside of Cuyahoga County for any of these health care services?

(CHECK ALL THAT APPLY)

- Don't use any services outside of Cuyahoga County
- Specialty care
- Primary care
- Dental services
- Cardiac care
- Orthopedic care
- Cancer care
- Mental health care
- Hospice care
- Palliative care
- Pediatric care
- Obstetrics/Gynecology/NICU
- Developmental disability services
- Addiction services
- Another service:
- Don't know

12. Outside of Cuyahoga County, where do you go for any sort of health care needs? **(CHECK ALL THAT APPLY)**

- Summit
- Lorain
- Geauga
- Lake
- Medina
- Portage
- Other _____
- I do not travel outside of Cuyahoga County for health care needs
- Don't know

13. How do you prefer to get information about your health or healthcare services? **(CHECK ALL THAT APPLY)**

- Family member or friend
- My doctor
- Newspaper articles or radio/television news stories
- Internet searches
- Advertising or mailings from hospitals, clinics, or doctors' offices
- Facebook
- Billboards
- Texts on cell phone
- Other _____
- Don't know

14. What might prevent you from seeing a doctor if you were sick, injured, or needed some type of health care?
(CHECK ALL THAT APPLY)

- Nothing
- Cost
- Frightened of the procedure or doctor
- Worried they might find something wrong
- Cannot get time off from work
- Hours not convenient
- Difficult to get an appointment
- Do not trust or believe in doctors
- No transportation or difficult to find transportation
- Some other reason: _____
- Don't know

HEALTH CARE COVERAGE

15. Do you have any kind of health coverage, including health insurance, prepaid plans such as HMO's, or governmental plans such as Medicare, Medicaid, or Healthy Start/Healthy Families?

- Yes
- No – **GO TO QUESTION 20**
- Don't know/Not sure

16. What type of health care coverage do you use to pay for most of your medical care?

- Your employer
- Someone else's employer
- A plan that you or someone else buys on your own
- Medicare
- Medicaid or Medical Assistance
- The military, CHAMPUS, TriCare, or the VA
- The Indian Health Service
- Some other source
- None
- Don't know

17. Do you consider your health care coverage adequate or inadequate?

- Adequate
- Inadequate
- Don't know

18. Does your health coverage include:

- | | | | |
|-----------------------------|------------------------------|-----------------------------|-------------------------------------|
| Medical? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Dental? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Vision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Mental health? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Prescription coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Home care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Skilled nursing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Hospice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Preventive health? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Immunizations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Alcohol and drug treatment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Your spouse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Your children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

19. Have you had any of the following issues regarding your health care coverage? **(CHECK ALL THAT APPLY)**

- Co-pays are too high
- Premiums are too high
- Deductibles are too high
- High deductible with HSA account
- Opted out of certain coverage because I could not afford it
- Opted out of certain coverage because I did not need it
- I cannot understand my insurance plan
- Working with my insurance company
- None of the above
- Don't know

20. About how long has it been since you had health care coverage?

- I have always had health care coverage
- Within the past 6 months
- 6 to 12 months ago
- 1 to 2 years ago
- 2 to 5 years ago
- 5 or more years ago
- Don't know
- Never

21. What was the reason you were without health care coverage? **(CHECK ALL THAT APPLY)**

- Never without health care coverage
- Lost job or changed employers
- Spouse or parent lost job or changed employers
- Became divorced or separated
- Spouse or parent died
- Became ineligible (age or left school)
- Employer doesn't/stoped offering coverage
- Became a part time or temporary employee
- Benefits from employer/former employer ran out
- Couldn't afford to pay the premiums
- Insurance company refused coverage
- Lost Medicaid eligibility
- Other _____
- Don't know

22. During the past 12 months, why did you not get a prescription from your doctor filled? **(CHECK ALL THAT APPLY)**

- I had all prescriptions filled
- I have no insurance
- I am taking too many medications
- I couldn't afford to pay the out of pocket expenses
- My co-pays are too high
- My premiums are too high
- My deductibles are too high
- I have a high deductible with Health Savings

Account (HSA)

- I opted out of prescription coverage because I couldn't afford it
- There was no generic equivalent of what was prescribed
- I stretched my current prescription by taking less than what was prescribed
- Transportation
- I did not think I needed it

HEALTH CARE ACCESS

23. About how long has it been since you last visited a doctor for a routine checkup?

A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- Less than a year ago
- 1 to 2 years ago
- 2 to 5 years ago
- 5 or more years ago
- Don't know
- Never

24. What is the main reason you did not get medical care in the past year?

- I did get all the medical care needed
- Care not needed
- Cost/no insurance
- Distance
- Office wasn't open when I could get there
- Too long a wait for an appointment
- Too long a wait in waiting room
- No child care
- No transportation
- No access for people with disabilities
- The medical provider didn't speak my language
- Other: _____
- Don't know

25. How many times have you visited the Emergency Room in the past year?

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times or more
- Don't know

26. Has cost prevented you from getting any of the following? **(CHECK ALL THAT APPLY)**

- Mammogram
- Pap smear test
- PSA test
- Colonoscopy
- Surgery
- Medications
- Smoking cessation
- Weight loss program
- Alcohol and drug treatment
- Mental health
- Immunizations
- Family planning
- I have gotten the recommended care

27. Have you looked for a program to assist in care for the elderly or disabled adult
(either in-home or out-of-home) for you or for a loved one?

- Yes, I looked for in-home care
- Yes, I looked for out-of-home placement
- Yes, I looked for Respite or overnight care
- Yes, I looked for day care
- Yes, I looked for an assisted living program
- Yes, I looked for a disabled adult program
- No, I have not looked
- No, I have not needed one

28. What are your reasons for not using a program or service to help with depression, anxiety, or emotional problems for you or for a loved one? **(CHECK ALL THAT APPLY)**

- Have used a program or service
- Not needed
- Transportation
- Fear
- Co-pay/deductible is too high
- Cannot afford to go
- Cannot get to the office or clinic
- Don't know how to find a program
- Stigma of seeking mental health services (fear of others' opinions)
- Didn't feel the services you had received were good
- Other priorities
- Have not thought of it
- Other: _____
- Don't know

ORAL HEALTH

29. How long has it been since you last visited a dentist or a dental clinic?

Include visits to dental specialists, such as orthodontists.

- Within the past year (anytime less than 12 months ago) – **GO TO QUESTION 31**
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 5 years (2 years but less than 5 years ago)
- 5 or more years ago
- Don't know/Not sure
- Never

30. What is the main reason you have not visited the dentist in the last year?

- Fear, apprehension, nervousness, pain, dislike going
- Cost
- My dentist does not accept my medical coverage
- Cannot find a dentist that takes Medicaid
- Do not have/know a dentist
- Cannot get to the office/clinic (too far away, no transportation, no appointments available)
- Cannot find a dentist that treats special needs clients
- No reason to go (no problems, no teeth)
- Other priorities
- Have not thought of it
- Other: _____
- Don't know

31. How many of your permanent teeth have been removed because of tooth decay or gum disease?

Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

- 5 or fewer
- 6 or more but not all
- All
- None
- Don't know

ALCOHOL CONSUMPTION

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with 1 shot of liquor.

32. During the past 30 days, how many days per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

Days per month _____

No drinks in past 30 days – **GO TO QUESTION 36**

Don't know

33. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with 1 shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

Number of drinks _____

Don't know

34. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (for males) 5 or more drinks on an occasion, or (for females) 4 or more drinks on an occasion?

Number of times _____

None

Don't know

35. During the past month, how many times have you driven when you've had perhaps too much to drink?

Number of times _____

None

Don't know

36. During the past six months, have you experienced any of the following? **(CHECK ALL THAT APPLY)**

Had to drink more to get same effect

Drank more than you expected

Gave up other activities to drink

Spent a lot of time drinking

Tried to quit or cut down (but couldn't)

Continued to drink despite problems caused by drinking

Drank to ease withdrawal symptoms

None of the above

Don't know

37. What are your reasons for not seeking a program or service to help with alcohol problems for you or a loved one? **(CHECK ALL THAT APPLY)**

- Have used a program or service
- Not needed
- Transportation
- Fear
- Cannot afford to go
- Cannot get to the office or clinic
- Don't know how to find a program
- Stigma of seeking alcohol services (fear of others' opinions)
- Do not want to miss work
- Have not thought of it
- Other: _____

PREVENTIVE MEDICINE AND HEALTH SCREENINGS

38. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

Yes

- No – **GO TO QUESTION 40**
- Don't know

39. During the past 30 days, how many days did you take asthma medication that was prescribed or given to you by a doctor? This includes inhalers.

- Never
- Less than once a week
- Once or twice a week
- More than twice a week, but not every day
- Once every day
- Two or more times every day
- Don't know

40. Have you ever been told by a doctor, nurse, or other health professional that you have arthritis?

- Yes
- No
- Don't know

41. Have you ever been told by a doctor that you have diabetes?

- Yes
- Yes, but only during pregnancy
- No – **GO TO QUESTION 45**
- No, but I have been told I have pre-diabetes or borderline diabetes
- Don't know

42. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

Number of times _____

- None
- Don't know

43. Which of the following are you using to treat diabetes? **(CHECK ALL THAT APPLY)**

- Diet control
- Exercise
- Diabetes pills
- Insulin
- Check blood sugar
- Nothing

44. Do you feel that you have received enough information on how to manage your diabetes yourself?

- Yes
- No, I don't want information
- No, I don't have money for a program
- No, nothing is available
- Don't know

45. Has a doctor ever told you that you have had any of the following? **(CHECK ALL THAT APPLY)**

- Had a heart attack or myocardial infarction
- Angina (chest pain) or coronary heart disease
- Had a stroke
- None of the above

46. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- Yes
- Yes, but female told only during pregnancy
- No
- Told borderline high or pre-hypertensive
- Don't know

47. When did you last have your blood pressure taken by a doctor, nurse, or other health professional?

- Less than six months ago
- 6 to 12 months ago
- 1 to 2 years ago
- 3 to 5 years ago
- 5 or more years ago
- Don't know
- Never
- Never, did myself at self-operated location

48. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

- Yes
- No
- Don't know

49. About how long has it been since you last had your blood cholesterol checked?

- 1 to 12 months ago
- 1 to 2 years ago
- 2 to 5 years ago
- 5 or more years ago
- Don't know

50. Have you ever been told by a doctor, nurse, or other health professional that you had cancer?

- Yes
- No
- Don't know

51. Are you taking medications (including aspirin) for any of the following conditions?

- Heart disease
- Stroke
- Blood pressure
- Blood cholesterol
- None of the above

52. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer and other health problems. How long has it been since you had your last sigmoidoscopy or colonoscopy?

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 3 years (2 years but less than 3 years ago)
- Within the past 5 years (3 years but less than 5 years ago)
- Within the past 10 years (5 years but less than 10 years ago)
- 10 or more years ago
- Never
- Don't know/Not sure

53. Have you ever been screened by a doctor or other health professional for skin cancer?

- Yes, and tests results were negative
- Yes, and I had a pre-cancerous "spot"
- Yes, and I was diagnosed with skin cancer
- No, I have not been screened
- No, I am afraid to find out

54. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- Yes
- No
- Don't know

55. In the past 12 months, where did you get your last flu vaccine, shot or mist?

- A doctor's office or health maintenance organization
- A health department
- Another type of clinic or health center
- A senior, recreation, or community center
- A store
- A hospital (inpatient)
- Emergency room
- Workplace
- A school
- Some other kind of place _____
- I did not get one in the past 12 months
- Don't know

56. Has a doctor or other health professional talked to you about the following topics? Please check the box that indicates if you have discussed this topic within the past year, before the past year, or not at all.

	Within past year	Before the past year	Not at all
Your diet or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity or exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury prevention such as safety belt use, helmet use, or smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drug abuse/misuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the counter drug abuse/misuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quitting tobacco use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression, anxiety or emotional problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significance of family health history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOBACCO USE

57. Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No – **GO TO QUESTION 60**
- Don't know/Not sure

58. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all – **GO TO QUESTION 60**
- Don't know/Not sure

59. During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to quit smoking?

- Yes
- No
- Did not smoke in the past 12 months
- Don't know/Not sure

60. Which forms of tobacco listed below have you used in the past year? **(CHECK ALL THAT APPLY)**

- Cigarettes
- Flavored cigarettes
- E-cigarette
- Bidis
- Cigars
- Black & Milds
- Cigarillos
- Little cigars
- Swishers
- Chewing tobacco
- Snuff
- Snus
- Hookah
- None

MARIJUANA AND DRUG USE

61. During the past six months, have you used any of the following: **(CHECK ALL THAT APPLY)**

- Marijuana or hashish
- Synthetic marijuana/K2
- Amphetamines, methamphetamines or speed
- Cocaine, crack, or coca leaves
- Heroin
- LSD, mescaline, peyote, psilocybin, DMT, or mushrooms
- Inhalants such as glue, toluene gasoline, or paint
- Ecstasy or E
- Bath salts (used illegally)
- I have not used any of these substances in the past six months – **GO TO QUESTION 63**
- Don't know/Not sure

62. How frequently have you used drugs checked in question 61 during the past six months?

- Almost every day
- 3 to 4 days a week
- 1 or 2 days a week
- 1 to 3 days a month
- Less than once a month
- I have not used any of these drugs during the past 6 months
- Don't know/Not sure

63. Have you used any of the following medications during the past six months that were either not prescribed for you, or you took more than was prescribed to feel good or high, more active or alert? **(CHECK ALL THAT APPLY)**

- OxyContin
- Vicodin
- Ultram
- Tranquilizers such as Valium or Xanax, sleeping pills, barbiturates, Seconal, Ativan or Klonopin
- Codeine, Demerol, Morphine, Percodan, or Dilaudid
- Suboxone or Methadone
- Steroids
- Ritalin, Adderall, Concerta or other ADHD medications
- I have not used any of these medications in the past six months – **GO TO QUESTION 65, WOMEN'S HEALTH SECTION**
- Don't know/Not sure

64. How frequently have you used the medications checked in question 63 during the past six months?

- Almost every day
- 3 to 4 days a week
- 1 or 2 days a week
- 1 to 3 days a month
- Less than once a month
- I have not used any of these medications during the past six months
- Don't know/Not sure

WOMEN'S HEALTH

MEN – GO TO QUESTION 70, MEN'S HEALTH SECTION

65. A mammogram is an x-ray of each breast to look for breast cancer. When was your last mammogram?

- Have never had a mammogram
- Within the past year
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 3 years (2 years but less than 3 years ago)
- Within the past 5 years (3 years but less than 5 years ago)
- 5 or more years ago
- Breasts were removed
- Don't know

66. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps.

When was your last breast exam?

- Have never had a breast exam
- Within the past year
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 3 years (2 years but less than 3 years ago)
- Within the past 5 years (3 years but less than 5 years ago)
- 5 or more years ago
- Breasts were removed
- Don't know

67. A Pap smear is a test for cancer of the cervix. How long has it been since you had your last Pap smear?

- Have never had a Pap smear
- Within the past year
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 3 years (2 years but less than 3 years ago)
- Within the past 5 years (3 years but less than 5 years ago)
- 5 or more years ago
- Don't know/Not sure

68. What is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?

- A family planning clinic
- A health department clinic
- A community health center
- A private gynecologist
- A general or family physician
- A nurse practitioner/physician assistant
- Midwife
- Some other kind of place
- Don't know
- Don't have a usual source

69. If you have been pregnant in the past 5 years, during your last pregnancy, did you...**(CHECK ALL THAT APPLY)**

- I was not pregnant in the past 5 years
- Get prenatal care within the first 3 months
- Take a multi-vitamin
- Take folic acid
- Smoke cigarettes
- Consume alcoholic beverages
- Use marijuana
- Use any drugs not prescribed
- Experience perinatal depression
- Experience domestic violence
- Look for options for an unwanted pregnancy
- Do none of these things

MEN'S HEALTH

WOMEN – GO TO QUESTION 74, SEXUAL BEHAVIOR SECTION

70. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer.

When was your last PSA test?

- Have never had a PSA test
- Within the past year
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 3 years (2 years but less than 3 years ago)
- Within the past 5 years (3 years but less than 5 years ago)
- 5 or more years ago
- Don't know

71. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. When was your last digital rectal exam?

- Have never had a digital rectal exam
- Within the past year
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 3 years (2 years but less than 3 years ago)
- Within the past 5 years (3 years but less than 5 years ago)
- 5 or more years ago
- Don't know

72. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

- Yes
- No
- Don't know

73. Have you ever been taught by a healthcare professional how to do a testicular exam?

- Yes
- No
- Don't know/Not sure

SEXUAL BEHAVIOR

74. During the past 12 months, with how many different people have you had sexual intercourse?

Number of people _____

- Don't know
- Have not had intercourse in past 12 months – **GO TO QUESTION 77**

75. What are you or your partner doing now to keep from getting pregnant? **(CHECK ALL THAT APPLY)**

- No partner/not sexually active (abstinent) – **GO TO QUESTION 77**
- Not using birth control
- My partner and I are trying to get pregnant
- I am gay or a lesbian
- Tubes tied (female sterilization)
- Hysterectomy (female sterilization)
- Vasectomy (male sterilization)
- Pill, all kinds (Ortho Tri-Cyclen, etc.)
- IUD (including Mirena)
- Condoms (male or female)
- Contraceptive implants (Implanon or implants)
- Diaphragm, cervical ring or cap (Nuvaring or others)
- Shots (Depo-Provera, etc.)
- Contraceptive Patch
- Emergency contraception (EC)
- Withdrawal
- Having sex only at certain times (rhythm)
- Other method (foam, jelly, cream, etc.)
- You or your partner is too old
- Don't know/Not sure

76. What is the main reason for not doing anything to keep from getting pregnant? **(CHECK ALL THAT APPLY)**

- I am using a birth control method
- Didn't think I was going to have sex/no regular partner
- I want to get pregnant
- I am gay or a lesbian
- I do not want to use birth control
- My partner does not want to use any
- You or your partner don't like birth control/fear side effects
- I don't think my partner or I can get pregnant
- I can't pay for birth control
- My partner or I had a hysterectomy/vasectomy/tubes tied
- You or your partner is too old
- Lapse in use of method
- You or your partner is currently breast-feeding
- You or your partner just had a baby/postpartum
- Partner is pregnant now
- Don't care if you or your partner gets pregnant
- Religious preferences
- Don't know

77. Do any of the following situations apply to you? **(CHECK ALL THAT APPLY)**

- You used intravenous drugs in the past year
- You have been treated for a sexually transmitted or venereal disease in the past year
- You have been tested for a sexually transmitted or venereal disease in the past year
- You think you may have a sexually transmitted or venereal disease
- You had anal sex without a condom in the past year
- You had tested positive for HIV
- You had sex with someone you do not know
- You have given or received money or drugs in exchange for sex in the past year.
- None of the above

WEIGHT CONTROL/PHYSICAL ACTIVITY

78. Are you now trying to...

- Maintain your current weight, that is, to keep from gaining weight
- Lose weight
- Gain weight
- None of the above

79. During the past 30 days, did you do any of the following to lose weight or keep from gaining weight? **(CHECK ALL THAT APPLY)**

- I did not do anything to lose weight or keep from gaining weight
- Eat less food, fewer calories, or foods low in fat
- Eat a low-carb diet
- Exercise
- Go without eating for 24 hours
- Take any diet pills, powders, or liquids without a doctor's advice
- Vomit or take laxatives
- Smoke cigarettes
- Use a weight loss program such as Weight Watchers, Jenny Craig, etc.
- Participate in a dietary or fitness program prescribed for you by a health professional
- Take medications prescribed by a health professional

80. During the last 7 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Not able to exercise

81. For what reasons do you not exercise? **(CHECK ALL THAT APPLY)**

- I do exercise
- Weather
- Time
- Cannot afford a gym membership
- Gym is not available
- No walking or biking trails
- Safety
- I do not have child care
- I do not know what activity to do
- Doctor advised me not to exercise
- Pain/discomfort
- I choose not to exercise
- Too tired
- Lazy
- No sidewalks
- Other: _____

DIET/NUTRITION

82. On average how many servings of fruits and vegetables do you have per day?

- 1 to 2 servings per day
- 3 to 4 servings per day
- 5 or more servings per day
- 0 – I do not like fruits or vegetables
- 0 – I cannot afford fruits or vegetables
- 0 – I do not have access to fruits or vegetables

83. In a typical week, how many meals did you eat out in a restaurant or bring takeout food home to eat?

_____ Meals

84. Where do you purchase your fruits and vegetables? **(CHECK ALL THAT APPLY)**

- Large grocery store (ex., Wal-Mart, Giant Eagle)
- Local grocery store (ex., Dave's, Heinen's)
- Restaurants
- Farmer's Market
- Corner Store
- Food Pantry
- Other
- I do not purchase fruits and vegetables

85. What determines the types of food you eat? **(CHECK ALL THAT APPLY)**

- Cost
- Healthiness of food
- Calorie content
- Taste
- Availability
- Enjoyment, it's what I like
- Ease of preparation
- Time
- Food that I am used to
- What my spouse prefers
- What my child prefers
- Health care provider's advice
- Other: _____
- Don't know

MENTAL HEALTH AND SUICIDE

86. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- Yes
- No

87. During the past 12 months, did you ever seriously consider attempting suicide?

- Yes
- No – **GO TO QUESTION 89**

88. During the past 12 months, how many times did you actually attempt suicide?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

89. In the past 12 months, have you been diagnosed or treated for a mental health issue? **(CHECK ALL THAT APPLY)**

- I have not been diagnosed or treated for a mental health issue
- Mood Disorder (i.e., depression, bipolar disorder)
- Anxiety Disorder (i.e., panic attacks, phobia, obsessive-compulsive disorder)
- Psychotic Disorder (i.e., schizophrenia, schizoaffective disorder)
- Other mental health disorder
- I have taken medication for one or more of the mental health issues above

QUALITY OF LIFE

90. Are you limited in any way in any activities because physical, mental, or emotional problems?

- Yes
- No – **GO TO QUESTION 93**
- Don't know

91. What major impairments or health problems limit your activities? **(CHECK ALL THAT APPLY)**

- I am not limited by any impairments or health problems
- Arthritis/rheumatism
- Back or neck problem
- Fractures, bone/joint injury
- Walking problem
- Lung/breathing problem
- Hearing problem
- Eye/vision problem
- Heart problem
- Stroke-related problem
- Hypertension/high blood pressure
- Diabetes
- Cancer
- Stress/anxiety/depression/emotional problems
- Tobacco dependency
- Alcohol dependency
- Drug addiction
- Learning disability
- Developmental disability
- Other impairment/problem

92. Because of any impairment or health problem, do you need the help of other persons with any of the following needs? **(CHECK ALL THAT APPLY)**

- Eating
- Bathing
- Dressing
- Getting around the house
- Household chores
- Doing necessary business
- Shopping
- Getting around for other purposes
- None of the above

93. Would you have any problems getting the following if you needed them today? **(CHECK ALL THAT APPLY)**

- Someone to loan me \$50
- Someone to help me if I were sick and needed to be in bed
- Someone to take me to the clinic or doctor's office if I needed a ride
- Someone to talk to about my problems
- Someone to explain directions from my doctor
- Someone to accompany me to my doctor's appointments
- Someone to help me pay for my medical expenses
- Back-up child care
- I would not have problems getting any of these things if I needed them

94. During the past month, did you provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability?

- Yes
- No
- Don't know

SOCIAL CONTEXT

95. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. **(CHECK ALL THAT APPLY)**

- Yes, and they are unlocked
- Yes, and they are loaded
- Yes, but they are not unlocked
- Yes, but they are not loaded
- No
- Don't know

96. How often do you wear a seat belt when in a car?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

97. Where have you attempted to get assistance from social service agencies? **(CHECK ALL THAT APPLY)**

- I didn't look for assistance
- I chose not to look for assistance
- I didn't know where to look for assistance
- A friend or family member
- A church
- Cuyahoga Co. Community Action Commission
- Health Department
- Government Agency (ex: Employment & Family Services; Department of Child & Family Services)
- 2-1-1/United Way
- Other Social Services (ex: Catholic Charities)
- Somewhere else _____

98. In the past year, have you sought assistance for any of the following? **(CHECK ALL THAT APPLY)**

	Received Assistance	Did not know where to look	Did not need assistance
Rent/mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal aid services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free tax preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

99. Have you experienced the following in the past 12 months? **(CHECK ALL THAT APPLY)**

- A close family member had to go into the hospital
- Death of a family member or close friend
- I became separated or divorced
- I moved to a new address
- I was homeless
- I had someone homeless living with me
- Someone in my household lost their job
- Someone in my household had their hours at work reduced
- Due to unforeseen circumstances, our household income has been cut by 50%
- I had bills I could not pay
- I was financially exploited
- I was involved in a physical fight
- Someone in my household went to jail
- Someone close to me had a problem with drinking or drugs
- I was threatened by someone close to me
- My child was threatened by someone close to them
- I was abused physically by someone close to me
- My child was abused by someone close to them
- I did not experience any of these things in the past 12 months

100. Which of the following types of gambling have you engaged in during the past year? **(CHECK ALL THAT APPLY)**

- Online gambling (e.g., cyber café rooms)
- Casinos
- Lottery (e.g., scratch offs, digit lottery games)
- With friends at home (e.g., card games)
- At work with fellow workers (e.g., office pools)
- Horse track
- Dog track
- Other: _____
- None of the above – **GO TO QUESTION 102**

101. Which of the following best describes how frequently you engage in some form of gambling?

- Daily
- Every few days
- Weekly
- Every few weeks
- Monthly
- Every few months
- Once or twice a year
- Other: _____

VETERAN'S AFFAIRS

102. As a result of military service, have any of the following affected your immediate family? **(CHECK ALL THAT APPLY)**

- No one in my immediate family has served in the military
- Major health problems due to injury
- Housing issues
- Cannot find/keep a job
- Substance/drug abuse
- Marital problems
- Access to medical care
- Access to mental health treatment
- Access to substance/drug use treatment
- Suicide attempt
- Suicide completion
- None of the above

REACTIONS TO RACE

103. Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

- Worse than other races
- The same as other races
- Better than other races
- Worse than some races, better than others
- Only encountered people of the same race
- No health care in past 12 months
- Don't know

DEMOGRAPHICS

104. What is your zip code? _____

105. What is your age? _____

106. What is your gender?

- Male
- Female

107. Which one or more of the following would you say is your race? **(CHECK ALL THAT APPLY)**

- American Indian/Alaska Native
- Asian
- Black or African-American
- Native Hawaiian/other Pacific Islander
- White
- Other: _____
- Don't know

108. Are you Hispanic or Latino?

- Yes
- No
- Don't know

109. Are you...

- Married
- Divorced
- Widowed
- Separated
- Never married
- A member of an unmarried couple

110. How many people live in your household who are...

Less than 5 years old _____

5 to 12 years old _____

13 to 17 years old _____

Adults _____

111. What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)
- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 year to 3 years (Some college or technical school)
- College 4 years or more (College graduate)
- Post-graduate

112. Are you currently...

- Employed for wages full-time
- Employed for wages part-time
- Self-employed
- Out of work for more than 1 year
- Out of work for less than 1 year
- Homemaker
- Student
- Retired
- Unable to work

113. Is your annual household income from all sources...

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 or more
- Don't know

114. About how much do you weigh without shoes?

POUNDS _____

- Don't know

115. About how tall are you without shoes?

FEET _____

INCHES _____

- Don't know

Certain questions provided by: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007-2011. Other questions are © 2012 Hospital Council of NW Ohio.

Thank you for your time and opinions!

Please place your completed survey in the pre-stamped and addressed envelope provided and mail today!